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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

TIM SANDERS 13STH FLOOR INVESTMENTS 848 BRICKELL AVE, PH1 MIAMI, FL 33131

SUBJECT: FOUNTAINS, LLC Ref. Number: W17000011296

2017 MAR 10 PM 12: 12

We have received your document for FOUNTAINS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L05000035713 "FOUNTAIN LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00002558

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	s					
SUBJ	Fountains, LLC						
SC Do		Name of I	imited Liability C	ompany			
The er Existe	closed "Application by Forence, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat	ion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida	
Please	return all correspondence c	oncerning this matter to the	following:				
	Tim Sanders						
		Na	me of Person				
	13th Floor Inve	stments					
		Fi	rm/Company				
	848 Brickell Avenue, PH1						
Address							
	Miami, Florida 33131						
	City/State and Zip Code						
	tsanders@13fi.co						
	*	E-mail address: (to be used	l for future annual	report not	ification)		
For fu	rther information concerning	g this matter, please call:					
	Elisa Seguin		786 at (	220-04	60		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclo	sed is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fountains, LLC		<del></del>		
	ign Limited Liability Company; must inc	lude "Limited Lia	bility Company," "L.L.C.," o	r "LLC.")
	ternate name adopted for the purpose of t	-		
2. Delaware	· 220. /	,	37-184809	J
	of which foreign limited liability	s	(FEI number, if applicable	
4. January 23, 2017				_
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to 5, F.S. to determin	registration.) e penalty liability)	
5. 848 Brickell Avenue, I	PHI			_
Miami, Florida 33131				F
	(Street Address of Princ	ipal Office)		- 詳。 🚊 🐃
6. 848 Brickell Avenue, P	HI			
Miami, Florida 33131				WITHER TO PHIZ: 51
	(Mailing Addre	ess)		一世年王
7. Name and street addres	s of Florida registered agent; (P.O. E	Box <u>NOT</u> accept	able)	S IS
Name:	Tim Sanders		_	
Office Address:	848 Brickell Avenue, PH1		_	
	Miami		_ , Florida <u>33131</u>	_
Registered agent's accep	(City)		(Zip code)	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent.	it as registered a	gent and agree to act in t	his capacity. I further agree
	(Registered	agent's signature)		
8. The name, title or capa	ncity and address of the person(s) who	has/have author	rity to manage is/are:	
Arnaud Karsenti, Authoria	zed Member			
848 Brickell Avenue, PH	I			
Miami, Florida 33131				
	of existence, no more than 90 days of which it is organized. (If the confinabmitted)			
	Signature of an	n authorized perso	n	_
	I in accordance with section 605.0203 the Department of State constitutes a			

Typed or printed name of signee

Arnaud Karsenti

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNTAINS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUNTAINS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6293798 8300 SR# 20170588622 Authentication: 201968902

Date: 02-01-17