

4/27/2017

Division of Corporations

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Foreign Limited Liability Company
SOUTHOCEAN REAL ESTATE MANAGER II, LLC

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TALLAHASSEE, FLORIDA

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D. SCOTT
APR 28 2017

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

IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SOUTHOCEAN REAL ESTATE MANAGER II, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0495005

(FPI number, if applicable)

4. APRIL 4, 2016

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0204 & 605.0205, F.S. to determine penalty liability)

5. 401 E. LAS OLAS BOULEVARD

(Street Address of Principal Office)

SUITE 2220

FORT LAUDERDALE, FL 33301

6. 401 EAST LAS OLAS BOULEVARD

(Mailing Address)

SUITE 2220

FORT LAUDERDALE, FL 33301

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **TIMOTHY E. BANNON**

Office Address: **401 E. LAS OLAS BOULEVARD/SUITE 2220**

FORT LAUDERDALE, Florida **33301**

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

PRESIDENT

TIMOTHY E. BANNON

**401 E. LAS OLAS BOULEVARD/SUITE 2220
FORT LAUDERDALE, FL 33301**

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized person)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

TIMOTHY E. BANNON

(Typed or printed name of signer)

FILED
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHOCEAN REAL ESTATE MANAGER II, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

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


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TALLAHASSEE, FLORIDA



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Jeffrey W. Bullock, Secretary of State

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