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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001

Phone : (305)854-6000

Fax Number

: (305)860-2076

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## Foreign Limited Liability Company MASTER LAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

## Application by foreign limited liability company for authorization to transact rusiness in Florida

	TTON 605.0902 PLORIDA STATUTES. TI: ISINESS IN THE STATE OF FLORIDA:	IE FOLLOWING IS SUBMITTIED TO REGISTER A FOREIC	אדעונטגע כפודואעו אפ
MASTER LAND, LLC			
		aluda "Limited Liability Company," "L.L.C.," or "LLC."	<u>'</u> )
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of	transacting business in Florids. The alternate name must	include 'Limited
2. DELAWARE		3. 36-4836198	
(Jurisdiction under the law company is organized)	of which foreign limited linbillity	(FH) number, il applicable)	Harvey y various .
4. UPON FILING	203-1-2 (majorna-1-1-2)	Elavida Warington registration	
		n Florida, il' prior to registration.) 5. F.S. to determine penalty liability)	
5. c/o Amicorp Cayman I	Fiduciary Limited, The Grand Paville	an Commercial Centre	
802 West Bay Road, I	st Floor, Grand Cayman KY1-1006,		7
	(Street Address of Princ	cipal Office)	H.
6. c/o Amicorp Cayman F	iduciary Limited		
PQ Box 10655, Grand	Coyman KY1-1006, Cayman Island	\$	<b>-</b>
	(Mailing Add	ress)	
7. Name and street address	is of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	SPIEGEL & UTRERA, P.A.	<u>, , , , , , , , , , , , , , , , , , , </u>	-L MB 87
Office Address:	1840 SW 22nd Street, 4th Floor		ن <b>ــــ</b>
	Miami	, Plorida 33145 (Zip code)	
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica- to complowith the provisi	rgistered agent and to accept service ston, I hereby accept the appointment ons of all statutes relative to the property position as registered agent.	in f process for the above stated limited limbility count as registered agent and agree to act in this capaper and complete performance of my duties, and in the capaper and complete performance of my duties, and in the capaper with the complete performance of my duties, and in the capaper with	ichy. I further agree
8. The name, title or can	acity and address of the person(s) wh	no has/have authority to manage is/are:	
		id, 1st Floor, Grand Cayman KY1-1006, Cayman Is	lan
		st Ploor, Grand Cayman KY1-1006, Cayman Islan	<del></del>
9. Attached is a certificate jurisdiction under the law of the translator must be a	of which it is organized. (If the certi-	old, duly authenticated by the official having custod ficate is in a foreign language, a translation of the confidence.	ly of records in the ertificate under oath
	\$Ignature of	an authorized person	
This document is executed authoritied in a document to	o the Department of State constitutes	(1) (b), Florida Statules. I am aware that any false a third degree felony as provided for in s.817.155, l	information F.S.
	Klubert S. Solomon & Nicole M.	<u> </u>	
	Typed or prin	ted name of signee	

## Delaware The First State

Page 1

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MASTER LAND, 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 FOURTH DAY OF APRIL, A.D. 2017.

5414252 8300 SR# 20172011035 e at corp. delaware , poy/authver. shtml

Authentication: 202323936

Date: 04-04-17

You may wrilly this certificate online at corp.delaware.gov/authvgr.shtml  $H17000123293\ 3$