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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SPIEGEL & UTRERA, P.A.
Account Number : FCA00C000001
Phone : (305)854-6000
Fax Number : (305)860-2076

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CORPORATION DIVISION
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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

2017 MAY -4 PM 4:56
TALLAHASSEE, FLORIDA

MAY 05 2017
J. HARRIS

H17000123293 3

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. MASTER LAND, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. 36-4836198
(FEI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Amicorp Cayman Fiduciary Limited, The Grand Pavilion Commercial Centre
802 West Bay Road, 1st Floor, Grand Cayman KY1-1006, Cayman Islands
(Street Address of Principal Office)

6. c/o Amicorp Cayman Fiduciary Limited
PO Box 10655, Grand Cayman KY1-1006, Cayman Islands
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: SPIEGEL & UTRERA, P.A.
Office Address: 1840 SW 22nd Street, 4th Floor
Miami, Florida 33145
(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.

By: Natalia Utrera NATALIA UTRERA, VICE PRESIDENT
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Kimbert S. Solomon - Authorized Signer - 802 West Bay Road, 1st Floor, Grand Cayman KY1-1006, Cayman Islands
Nicole M. Stoley - Authorized Signer - 802 West Bay Road, 1st Floor, Grand Cayman KY1-1006, Cayman Islands

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]

Signature of an authorized person

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.

Kimbert S. Solomon & Nicole M. Stoley

Typed or printed name of signer

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17 MAY - 4 AM '97

H17000123293 3

H17000123293 3

Delaware

The First State

Page 1

I, 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.



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SR# 20172011035

You may verify this certificate online at corp.delaware.gov/authver.shtml

H17000123293 3

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202323936

Date: 04-04-17