Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

(350)617-6383

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA0000000023 Phone : (5!2)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email

Address:

## Foreign Limited Liability Company Miami 9005, LLC

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2011 MAY 17 AM 9-39 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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K. SALY MAY 18 2017

	COVER LETTER		
TO: Regis Divisi	stration Section tion of Corporations		
	Miami 9005, LLC		
SUBJECT: _	Name of Limited Liability Compa	any	
The enclosed ". Existence, and	"Application by Foreign Limited Liability Company for Authorization to check are submitted to register the above referenced foreign limited lial	o Transact Business in Florida," Certificate of bility company to transact business in Florida	
Please return al	all correspondence concerning this matter to the following:		
	Lisa White		
	Name of Person	N	
	The Guardian Companies, LLC		
	Firm/Company	39	
	516 N Ogden Ave, Suite 314	U.	,,
	Address		
	Chicago, IL 60642		
	City/State and Zip Code	regulation of the first or a second s	
	lwhite@guardianproperties.com		
	E-mail address: (to be used for future annual report	t notification)	
For further info	ormation concerning this matter, please call:		
Lisa V	White 773 922	2-4227	
<del> </del>		Daytime Telephone Number	
Divisio Registi	on of Corporations Divis tration Section Regis	EET ADDRESS: ion of Corporations stration Section on Building	-

□ \$155.00 Filing Fee & Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$\Pi\$\$ \$125.00 Filing Fee \$\Pi\$\$ \$130.00 Filing Fee &

Certificate of Status

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

, Miami 9005, LLC				
(Name of For	reign Limited Liability Company; m	ust include "Limited	Liability Company," "L.L.C.," or "I	LLC.")
.lability Company," "L.L.C,	illernate name adopted for the purpo," or "LLC.")	nse of transacting bu	siness in Plorida. The alternate name	must include "Limited
Delaware		3. 82-10702	258	
(Jurisdiction under the law company is organized)	of which foreign limited liability	- · <u>- · · · · · · · · · · · · · · · · ·</u>	(FEI number, if applicable)	
April 5, 2017				•
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if pri	or to registration.)	<b>۔</b> ء
516 N. Ogden Avo, Su		5.0505, 1.5. 10 00101	nane penany mornisy	50 E
				FC 😎
Chicago, IL 60642	(Street Address of	(Principal Office)		
•	(Street Valuesz of	r rinespar Office)		See 1
i			<del> </del>	# 6 F
	///-9!	( Address)		. F.S
	• -	•		97
. Name and street addres	ss of Florida registered agent: (I	P.O. Box NOT ac	ceptable)	<b>省市</b>
Name:	C T Corporation System			7
Office Address:	1200 South Pine Island Road			
	Plantation		Storida 33324	
	(City)	<del></del>	, Florida (Zip code)	
lesignated in this applica a complywith the provision	ation, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  C. T. Copporation By:	nument as registers e proper and comp System	r the above stated limited liability and agent and agree to act in this elete performance of my duties, a craphin Asst. Secretary are)	capacity. I further agree
3. The name, title or capa	acity and address of the person(s	i) who has/liave au	thority to manage is/are:	
•	r; 516 N. Ogden Ave, Suite 314		•	
Edwin M. Vdovets: Mana	iger; 350 West Hubbard St. Suite	e 620. Chicago, IL	60654	<del></del>
	of which it is organized. (If the outmitted)	certificate is in a fo	enticated by the official having curreign language, a translation of the	
his document is executed			da Statutes. I am aware that any fi	alse information
abmitted in a document to	the Department of State constit	utes a third degree	felony as provided for in s.817.15	55, F.S.
	Brian J. Duggan; Manager			

Typed or printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MIAMI 9005, 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 SIXTEENTH DAY OF MAY, A.D. 2017.

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

ZOIJ MAY 17 AM 9-39
SECRETARY OF STATE
SECRETARY OF STATE

c.

6369644 8300

SR# 20173588092

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

Authentication: 202548316

Date: 05-16-17