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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP ..

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WAIT

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MAIL

(Business Entity Name)

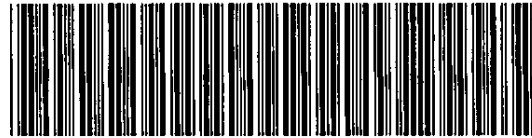
(Document Number)

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MAY 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

GALE LAM
3250 MARY ST, STE 400
COCONUT GROVE, FL 33133

SUBJECT: HIGHLAND INVESTOR HOLDINGS, LLC
Ref. Number: W17000037600

RECEIVED
2017 MAY 22 PM 2:39
TALLAHASSEE, FLORIDA

We have received your document for HIGHLAND INVESTOR HOLDINGS, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00008550

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGHLAND INVESTOR HOLDINGS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

GALE LAM

Name of Person

HIGHLAND INVESTOR HOLDINGS, LLC

Firm/Company

3250 MARY STREET, SUITE 400

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

GLAM@HEALTHSUN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GALE LAM

Name of Contact Person

at (**305**)

Area Code

448-8100 X255

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

**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. **HIGHLAND INVESTOR HOLDINGS, 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. **STATE OF DELAWARE**

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

3. **81-3493196**

(FEI number, if applicable)

4. **11-30-16**

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

5. **3250 MARY STREET**

(Street Address of Principal Office)

SUITE 400

COCONUT GROVE, FL 33133

6. **3250 MARY STREET**

(Mailing Address)

SUITE 400

COCONUT GROVE, FL 33133

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

Name: **GALE LAM**

Office Address: **3250 MARY STREET, SUITE 400**

COCONUT GROVE

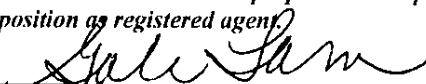
(City)

, Florida **33133**

(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:

PRESIDENT/CEO

Name and Address:

RON SCHUTZEN

**3250 MARY STREET, SUITE 400
COCONUT GROVE, FL 33133**

Title or Capacity:

DIRECTOR

Name and Address:

PETER FRANCIS

**3250 MARY STREET, SUITE 400
COCONUT GROVE, FL 33133**

COO

GALE LAM

**3250 MARY STREET, SUITE 400
COCONUT GROVE, FL 33133**

DIRECTOR

DARREN M BLACK

**3250 MARY STREET, SUITE 400
COCONUT GROVE, FL 33133**

(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.

GALE LAM, COO

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "HIGHLAND INVESTOR HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF JULY, A.D. 2016, AT 12:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHLAND INVESTOR HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2016.

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



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

6103310 8315

SR# 20173507732

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

Authentication: 202542203

Date: 05-15-17