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(((H17000163714 3)))



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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

**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 TOWER 9 COMMERCIAL - FORT PIERCE, LLC

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

K. SALY

JUN 21 2017

H170001637143

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TOWER 9 COMMERC	IAL - FORT PIERCE, LLC	
1.	gn Limited Liability Company, must include "Limited Liability Company," "L.L.C.," o	ir "LLC.")
(If name unavailable, onter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting business in Florida. The alternate no	eme must include "Limited
CALIFORNIA	3. 82-1 <i>6</i> 63053	
company is organized)	of which foreign limited liability (FEI number, if applicable	e)
4. UPON FILING		
5. 1400 Commercial Circ	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_
Fort Pierce, Florida 349	51	7 2
6. 1400 Commercial Circl	(Street Address of Principal Office)	FILE ME 13 SECRETARY OF STATE FALLAHASSEE. FLORID
Fort Pierce, Florida 349	951	影響「
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)	- SAZ - M
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	F. F. F. S
Name:	Kevin McNeil	OR THE
Office Address:	1400 Commercial Circle	IOP G
	Fort Pierce , Florida 34951	=14
B 14 1	(City) (Zip code)	
	gistered agent and to accept service of process for the above stated limited (in	
to complywith the provision	tion, I hereby accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performance of my dut	
accept the obligations of t	ny position as registered agent.	
	Keriu/he/heil	,
	(Registered agent's signature)	-
8 The name title arecons	ucity and address of the person(s) who has/have authority to manage is/are:	•
	0 Commercial Circle, Fort Pierce, Florida 34951	
Oatt litte - Manager • 140	O Communication Chicle, Fort Pretice, Florida 34951	<u></u>
		
	of existence, no more than 90 days old, duly authenticated by the official having which it is organized. (If the certificate is in a foreign language, a translation	
of the translator must be s	ubmitted)	
	Signature of an authorized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that the Department of State constitutes a third degree felony as provided for in s.8	any false information 117,155, F.S.
	Gail Ihle, Manager	
	Typed or winted name of signer	

H170001637143

State of California Secretary of State

FILED

2017 JUN 20 AM 10: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

be

ENTITY NAME: TOWER 9 COMMERCIAL - FORT PIERCE, LLC

FILE NUMBER: FORMATION DATE:

201713510341 05/08/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 1, 2017.

ALEX PADILLA Secretary of State

NP-25 (REV 01/2015)

CFG