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ALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 701482 7289394

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : June 27, 2017

ORDER TIME : 1:02 PM

ORDER NO. : 701482-005

CUSTOMER NO: 7289394

FOREIGN FILINGS

NAME: PMG-GREYBROOK RIVERFRONT
TRUSTEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: ____

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. PMG-GREYBROOK	RIVERFRONT TRUSTEE LLC n Limited Liability Company, must include "Limited"	ed Liability Company "" L. C " or " I C "	
(Name of Total	in mining Debrity Company, most module Commu	Education Company, 12,550, or 1250.	
(If name unavailable, onter alternate	name adopted for the purpose of transacting business in Flo	orida, The alternate name must include "Limited Liability Company," "L, L, C,"	or "LLC,")
2. DELAWARE		3. APPLIED FOR	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI mamber, if applicable)	
4. UPON REGISTRATI	ION		
	(Date first transacted business in Florida, If prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nino penalty liability)	
5. 1441 BRICKELL AVENUE		6. 1441 BRICKELL AVENUE	
(Street Address of	Principal Office)	(Malling Address)	
SUITE 1510		SUITE 1510	
MIAMI, FLORIDA 3	3131	MIAMI, FLORIDA 33131	
7. Name and street addre	ess of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	MATTHEW ELLISH		
Office Address:	1441 BRICKELL AVENUE, SUITE 1	1510	
	MIAMI	, Florida 33131	17
	(City)	(Zip code)	/ =
to comply with the provis		as registered agent and agree to act in this capaciful and complete performance of my duties, and I am for a complete performance of my duties of the complete performance of th	
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:	as/have authority to manage is/are; Title or Capacity: Name and Add	ress:
AMBR	KM RIVERFRONT		
MIDIC	TRUSTEE LLC		
	1441 BRICKELL AVENUE		
;	SUITE 1510 MIAMI, FLORIDA 33131	-	
(Use attachments if neces			
•			
	of which it is organized. (If the certificat	duly authenticated by the official having custody of re- te is in a foreign language, a translation of the certifical	
10. This document is executed in a document.	cuted in accordance Very vection 605.020 of the Department of State constitutes a th	3 (1) (b), Florida Statutes. I am aware that any false infinird degree felony as provided for in s.817.155, F.S.	ormation
	Signature	e of an authorized person	
	KEVIN MAZONEY		
	Typed o	or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PMG-GREYBROOK RIVERFRONT TRUSTEE 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMG-GREYBROOK RIVERFRONT TRUSTEE LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 202784659

Date: 06-27-17

6271643 8300 SR# 20174960958