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S. WARREN
JUN 2 9 2017

## **COVER LETTER**

Division of Corp			
SUBJECT:	FB Medley,	LLC	
	Name of	Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspond	dence concerning this matter to the	following:	
	Greg May	ame of Person	
	Lee + Associ		
	F	irm/Company	
_6.	300 Techster 1	Blud., Ste.	1
	Fort Myers City/s	FL 33966 tate and Zip Code	
	rlfox Camail. E-mail address: (to be use		tification)
For further information cor	ncerning this matter, please call:		
Greg	May Name of Contact Person	at ( 239 ) 33 Area Code Day	9 - 7206 vtime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	RESS: orations on	STREET Division Registrat Clifton B 2661 Exe	Γ ADDRESS: of Corporations ion Section
Enclosed is a check for the ☐ \$125.00 Filing		☐ \$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: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.LC.") (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.") De a ware letton under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Flortda, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1224 La Faunce Way
Fort Myess , Florida 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Mana Linda Kay Fox

6500 West Flagle St., Sk 121-222
Mismi, FC 33144 (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) 10. This document is executed in accordance with section 605,0202 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State conditions third degree felony as provided for in s.817.155, F.S.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FB MEDLEY, 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 JUNE, A.D. 2017.

STATE OF THE PARTY OF THE PARTY

Authentication: 202726329

Date: 06-16-17