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(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG -4 PM 2:48
FILED
2017 AUG -4 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG -7 2017

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312




(850) 656-4724

DATE 8-4-17
****WALK IN****

ENTITY NAME CAPE CORAL PINE ISLAND, LLC

DOCUMENT NUMBER (Dee UCS)

****PLEASE FILE THE ATTACHED AND RETURN****

| | |
|--|-----------------------|
|  | Plain Copy |
|  | Certified Copy |
|  | Certificate of Status |

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

 Certified Copy of Arts & Amendments

 Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED 160 ..
CHECK # 3935

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cape Coral Pine Island, 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:

Jocelyn C. Beckman

Name of Person

ARCTRUST Properties, Inc.

Firm/Company

1401 Broad Street

Address

Clifton, New Jersey 07013

City/State and Zip Code

jbeckman@arctrust.com

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

For further information concerning this matter, please call:

Jocelyn C. Beckman

973

249-8016

Name of Contact Person

at ()

Area Code

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. Cape Coral Pine Island, 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. Delaware 3. 82-2162086
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1401 Broad Street 6. 1401 Broad Street
(Street Address of Principal Office) (Mailing Address)
Clifton, New Jersey 07013 Clifton, New Jersey 07013

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

Name: United Corporate Services, Inc.
Office Address: 9200 South Dadeland Boulevard, Suite 508
Miami, Florida 33156
(City) (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.

Michael A. Barr, President
(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: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---|--------------------|---|
| Manager | Robert J. Ambrosi 100 Sunrise Avenue, #522 Palm Beach, FL 33480 | Manager | Gary S. Baumann 1401 Broad Street Clifton, NJ 07013 |
| | | | |
| | | | |

(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 605.0203 (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.

Jocelyn C. Beckman
Signature of an authorized person

Jocelyn C. Beckman

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPE CORAL PINE ISLAND, 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 FOURTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPE CORAL PINE ISLAND, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2017.

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

FILED
2017 AUG -4 AM 9:22
CLERK OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6476697 8300

SR# 20175575184

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

Authentication: 203004821

Date: 08-04-17