M17000006706

(Re	questor's Name)	
(Ad	dress)	
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(Čit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer.	

Office Use Only



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D. SCOTT 8 2017

AUG

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195	
	REFERENCE	:	754259 1809524	9
	AUTHORIZATION	:	com is ind	
	COST LIMIT	:	\$ 130.00	
ORDER DATE :	August 3, 2017			
ORDER TIME :	9:32 AM			
ORDER NO. :	754259-015			
CUSTOMER NO:	8095249			
		- - -		= = = = = = = = = = = = = = = = = = = =
	FOREIGN F	<u>'ILI</u>	<u>NGS</u>	
NAME :	TAMPA FLEX 3,	LL	С	
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>.L</u>)		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:	
PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	' AN D	ING	

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2017

CSC 28202 CABOT RD, SUITE 210 LAGUNA NIGUEL, CA 92677

SUBJECT: TAMPA FLEX 3, LLC Ref. Number: W17000064325



We have received your document for TAMPA FLEX 3, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jurisdiction on #2 of application doesn't match certificate.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Pijeaux Regulatory Specialist

Letter Number: 117A00015953

17 AUG - 7 PH 4: 28

COVER LETTER

	Tampa Flex 3, LLC				
SUBJEC	Γ;	Name of	Limited Liability (Company	
The enclos Existence,	sed "Application by For and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limit	ntion to Transact Business in Florid and liability company to transact bu	a," Certificate of sincss in Florida.
Please reti	um all correspondence o	concerning this matter to the	following:		
	Suzanne E. Sko	ov			
		N	ame of Person		_ _
	Avistone, LLC				
		F	irm/Company		
	28202 Cabot R	d., Suite 210			
			Address		_
	Laguna Niguel,	.CA 92677			
		City/S	tate and Zip Code		
	suzannes@avisto	ne.com		·	
		E-mail address: (to be use	d for future annual	report notification)	
For further	r information concerning	g this matter, please call:			,
S	Suzanne Skov		949 at (427-5837	-, ·
	Name o	f Contact Person	Area Code	Daytime Telephone Number	
D R P	1AILING ADDRESS: Division of Corporations tegistration Section O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the follow 3 \$125.00 Filing Fee	ing amount: \$\Bigsim \text{S130.00 Filing Fec & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee & S160.00 Filing Fee, of Status & Certified C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

		Cimilico Ciability	Company," "L.L.C.," or "LLC	
((6)	name adopted for the purpose of transacting busines	a in Clorida. The si	tarnara marte ment mehade "Limited	Liability Company ""L. L. C. " or "L. L. C. "3
	name adopted for the purpose of transacting outsines	S UT CIONNEL, THE A		company, some or accep
2. DELALARE	which foreign limited liability company is organized)	3.	47-5621934	umber, if applicable)
(Managerior ander the law of s	visco incept make second company is organized,		1, 4, 7	= =
4. June 26, 2017				
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	onor to registration determine penalty) luability)	• • • • • • • • • • • • • • • • • • • •
5. c/o Avistone, LLC		4	Same as Principal Office	
(Sneet Address of	Principal Office)	U.	(Mailing /	
28202 Cabot Rd., Suit	te 210			
Laguna Niguel, CA 93	2677			
	ess of Florida registered agent: (P.O Corporation Service Company	. Box <u>NOT</u> a	ecceptable)	
Name:				
Office Address:	1201 Hays Street			
	Tallahassee		, Florida _32301	
Registered agent's accep	(City)			code)
ана иссері іне оонушої	is of my position as registered agen	igent's Signature)		Melissa Zender
	acity and address of the person(s) w	ho has/have a	•	
8. The name, title or cap <u>Title or Capacity:</u>		ho has/have a	authority to manage is/are	
	nacity and address of the person(s) w Name and Address: Richard M. Kent	ho has/have a	•	:
Title or Capacity:	nacity and address of the person(s) w Name and Address:	ho has/have a	tle or Capacity:	: Name and Address:
Title or Capacity:	Name and Address: Richard M. Kent 28202 Cabot Rd., Suite 2	ho has/have a	tle or Capacity:	: Name and Address: Allan Popper 28202 Cabot Rd., Suite 210
Title or Capacity: Secretary	Name and Address: Richard M. Kent 28202 Cabot Rd., Suite 2 Laguna Niguel, CA 9267	ho has/have a Ti	tle or Capacity:	: Name and Address: Allan Popper 28202 Cabot Rd., Suite 210
Title or Capacity: Secretary President	Name and Address: Richard M. Kent 28202 Cabot Rd., Suite 2 Laguna Niguel, CA 9267 Daniel P. Culler 28202 Cabot Rd., Suite 2 Laguna Niguel, CA 9267	ho has/have a Ti	tle or Capacity:	: Name and Address: Allan Popper 28202 Cabot Rd., Suite 210
President Use attachments if necessity and the translator must be served. Title or Capacity: President Output Description of the law of the translator must be served.	Name and Address: Richard M. Kent 28202 Cabot Rd., Suite 2 Laguna Niguel, CA 9267 Daniel P. Culler 28202 Cabot Rd., Suite 2 Laguna Niguel, CA 9267 ssary) e of existence, no more than 90 days of which it is organized. (If the cert	ho has/have a Ti V 210 77 old, duly aut ificate is in a	the or Capacity: P Asset Managemen henticated by the official foreign language, a trans	Name and Address: Allan Popper 28202 Cabot Rd., Suite 210 Laguna Niguel, CA 92677 having custody of records in the lation of the certificate under oath
President Use attachments if necessity a certificate purisdiction under the law of the translator must be second. This document is executive.	Name and Address: Richard M. Kent 28202 Cabot Rd., Suite a Laguna Niguel, CA 9267 Daniel P. Culler 28202 Cabot Rd., Suite a Laguna Niguel, CA 9267 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 of the Department of State constitutes.	ho has/have a Ti V 210 77 old, duly aut ificate is in a	henticated by the official foreign language, a trans	Name and Address: Allan Popper 28202 Cabot Rd., Suite 210 Laguna Niguel, CA 92677 having custody of records in the lation of the certificate under oath
President Use attachments if necessity a certificate purisdiction under the law of the translator must be second. This document is executive.	Daniel P. Culler 28202 Cabot Rd., Suite A Laguna Niguel, CA 9267 Daniel P. Culler 28202 Cabot Rd., Suite A Laguna Niguel, CA 9267 Seary) The of existence, no more than 90 days of which it is organized. (If the cert submitted) The other continues of State constitutes Signature of State constitutes	ho has/have a Ti V 210 77 old, duly aut ificate is in a .0203 (1) (b) s a third degri	henticated by the official foreign language, a trans	Name and Address: Allan Popper 28202 Cabot Rd., Suite 210 Laguna Niguel, CA 92677 having custody of records in the lation of the certificate under oath
President Use attachments if necessity and the translator must be served. Title or Capacity: President Output Description of the law of the translator must be served.	Pacity and address of the person(s) was Name and Address: Richard M. Kent 28202 Cabot Rd., Suite A Laguna Niguel, CA 9267 Daniel P. Culler 28202 Cabot Rd., Suite A Laguna Niguel, CA 9267 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 of the Department of State constitute. Richard M. Kent, President	ho has/have a Ti V 210 77 old, duly aut ificate is in a .0203 (1) (b) s a third degri	the or Capacity: P Asset Managemen henticated by the official foreign language, a trans Florida Statutes. I am aw the felony as provided for inted person	Name and Address: Allan Popper 28202 Cabot Rd., Suite 210 Laguna Niguel, CA 92677 having custody of records in the lation of the certificate under oath

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TAMPA FLEX 3, 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 JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMPA FLEX 3, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2017.

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





Authentication: 202960082

Date: 07-27-17

6492632 8300 SR# 20175443796