

M170000006708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

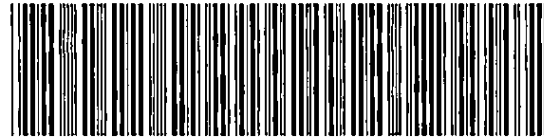
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
17 AUG -4 -11 30  
FBI/DOJ

2017 AUG -4 AM 10:44  
FBI/DOJ

D. SCOTT  
AUG 8 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 754259 8095249

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : August 3, 2017

ORDER TIME : 9:31 AM

ORDER NO. : 754259-010

CUSTOMER NO: 8095249

FOREIGN FILINGS

NAME: TAMPA FLEX 2, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

FILED  
17 AUG - 4 11 56  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2017

CSC

SUBJECT: TAMPA FLEX 2, LLC  
Ref. Number: W17000064316

**RESUBMIT**  
Please give original  
submission date as file date

We have received your document for TAMPA FLEX 2, 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 Pijaux  
Regulatory Specialist

Letter Number: 417A00015950

REC'D  
17 AUG - 7 PM 4:28

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tampa Flex 2, 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:

Suzanne E. Skov  
Name of Person

Avistone, LLC  
Firm/Company

28202 Cabot Rd., Suite 210  
Address

Laguna Niguel, CA 92677  
City/State and Zip Code

suzannes@avistone.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Skov 949 427-5837  
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. Tampa Flex 2, 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. 47-5621934  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 26, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Avistone, LLC 6. Same as Principal Office  
(Street Address of Principal Office) (Mailing Address)  
28202 Cabot Rd., Suite 210  
Laguna Niguel, CA 92677
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

Melissa Zender  
Asst. Vice 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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Secretary</u>	<u>Richard M. Kent</u> <u>28202 Cabot Rd., Suite 210</u> <u>Laguna Niguel, CA 92677</u>	<u>VP Asset Manager</u>	<u>Allan Popper</u> <u>28202 Cabot Rd., Suite 210</u> <u>Laguna Niguel, CA 92677</u>
<u>President</u>	<u>Daniel P. Culler</u> <u>28202 Cabot Rd., Suite 210</u> <u>Laguna Niguel, CA 92677</u>		

(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.

Richard M. Kent  
Signature of an authorized person

Richard M. Kent, President

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMPA FLEX 2, 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 2, 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.

17  
JUL 27 2017  
DELAWARE  
SECRETARY OF STATE



6492625 8300

SR# 20175443802

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202960086

Date: 07-27-17