

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

ACCOUNT NO. : I20000000195
REFERENCE : 754259 8095249
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 130.00

ORDER DATE : August 3, 2017
ORDER TIME : 9:31 AM
ORDER NO. : 754259-010
CUSTOMER NO: 8095249

FILED
17 AUG - 4 11 00
TALLAHASSEE, FL

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: _____



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 Pijoux
Regulatory Specialist

Letter Number: 417A00015950

17 AUG 7 11 56 AM
FILED

001 RECEIVED
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)

FILED
11
MAY 11 2009
TALLAHASSEE, FL
CORPORATION DIVISION

For further information concerning this matter, please call:

Suzanne Skov at (949) 427-5837
Name of Contact Person 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)

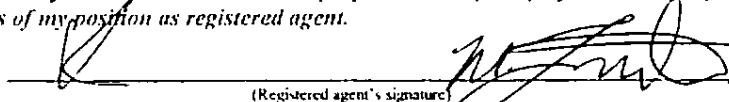
5. c/o Avistone, LLC 6. Same as Principal Office
(Street Address of Principal Office) (Mailing Address)
28202 Cabot Rd., Suite 210
Laguna Niguel, CA 92677

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.


(Registered agent's signature) **Melissa Zender**
Asst. Vice President

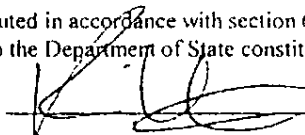
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<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 Management</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.


Signature of an authorized person

Richard M. Kent, President
Typed or printed name of signer

FILED
 JUN 26 2017
 TALLAHASSEE, FLORIDA
 STATE DEPARTMENT OF REVENUE

