

8/14/2017

Division of Corporations

H170002150863

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2017 AUG 14 PM 1:18
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
FPA VENETIAN ASSOCIATES, LLC

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), Estimated Charge (\$155.00)

FILED
17 AUG 14 AM 9:27

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FPA VENETIAN ASSOCIATES, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

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

5. 2082 Michelson Drive, 4th Fl. Irvine CA 92612 (Street Address of Principal Office)

6. 2082 Michelson Drive, 4th Fl. Irvine CA 92612 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C.T. Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 (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.

By: C.T. Corporation System Chris Rickard (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael B. Earl, Manager 2082 Michelson Drive, 4th Fl. Irvine CA 92612

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)

(Signature of an authorized person)

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.

Michael B. Earl (Typed or printed name of signer)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FPA VENETIAN ASSOCIATES, 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-SECOND DAY OF JUNE, A.D. 2017.

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

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 DEPARTMENT OF STATE



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20174899818

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