

M170000007663
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000239648 3)))



H1700023964834BC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7750

2017 SEP -6 AM 10:28
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-11-2017 BY 60322 UCBAW

FILED

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

Email Address: rcheng@shutts.com

Foreign Limited Liability Company
ASCEND BLUE LAGOON MANAGER, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SEP 07 2017
J. HARRIS

H17000239648 3**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. ASCEND BLUE LAGOON MANAGER, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(DST number, if applicable)

4. N/A

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

5. 500 NE SPANISH RIVER BLVD.

(Street Address of Principal Office)

SUITE 108BOCA RATON, FL 334316. 500 NE SPANISH RIVER BLVD.

(Mailing Address)

SUITE 108BOCA RATON, FL 334317. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CORPORATION COMPANY OF MIAMIOffice Address: 200 S. BISCAYNE BLVD., SUITE 4100 (RXC)MIAMI

(City)

, Florida 33431

(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: Gary J. Cohen, VP

(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 of its Manager,
Ascend Properties Master
LLCDean Borg
500 NE Spanish River Blvd.,
Suite 108, Boca Raton, FL
33431Manager of its Manager,
Ascend Properties Master
LLCMichael Wohl
500 NE Spanish River Blvd.,
Suite 108, Boca Raton, FL 33431Manager of its Manager,
Ascend Properties Master
LLCRichard Finkelstein
500 NE Spanish River Blvd.,
Suite 108, Boca Raton, FL
33431

(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.817.135, F.S.

Signature of authorized person

Dean Borg

Typed or printed name of signer

H17000239648 3

H17000239648 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCEND BLUE LAGOON MANAGER, 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 FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCEND BLUE LAGOON MANAGER, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2017.

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



G528698 8300

SR# 20175986550

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

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

Authentication: 203155389

Date: 09-01-17

H17000239648 3