M17000008431

(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:						
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Office Use Only



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09/05/17--01025--013 **160.00

17 SEP 29 AH II: O.I



September 6, 2017

MICHEL SUCCAR 69 BREEZEWAY CT PONTE VEDRA, FL 32081

SUBJECT: FIRST LIGHT PROPERTY MANAGEMENT LLC

Ref. Number: W17000072709

We have received your document for FIRST LIGHT PROPERTY MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 817A00018377

2017 SEP 29 BH IP: 4.1

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	FIRST LIGHT PROPERTY MANAGEMENT LLC								
SOBJECT.	Name of Limited Liability Company								
The enclosed Existence, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refero	oany fo enced t	or Authoriza foreign limit	tion to Trai ed liability	nsact Business in Florida," C company to transact busines	ertificat e of ss in Florida.		
Please return a	all correspondence of	concerning this matter to the	follow	ing:					
	MICHEL SUC	CAR							
	Name of Person								
	FIRST LIGHT PROPERTY MANAGEMENT LLC								
	Firm/Company								
	69 BREEZEWAY COURT								
	Address								
	PONTE VEDRA, FL 32081								
City/State and Zip Code									
	MSUCCAR@FI	RSTLIGHTPRO.COM							
		E-mail address: (to be use	d for f	uture annual	report noti	fication)			
For further inf	formation concernin	g this matter, please call:							
MIC	HEL SUCCAR		at (647	321				
	Name o	of Contact Person		Area Code	Day	time 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		of Corporations on Section uilding cutive Center Circle				
	check for the follow 25.00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status		5155.00 Filir tified Copy	ng Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA:						
1. FIRST LIGHT PROPEI	RTY MANAGEMENT LLC Limited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")					
FIRST LIGHT PRO LLC							
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liab	ility Company," "L.L. C," or "LLC.")				
- STATE OF DELAWAR	PF.	3(FEI numb					
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(FEI numb	er, it applicable)				
4. N/A							
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration) nine penalty liability)					
5. 4720 SALISBURY RI		6 4720 SALISBURY RD					
(Street Address of I	Principal Office)						
JACKSONVILLE, FL.	. 32256	JACKSON VIELDE, P.E. 322	30 3 -n				
			T SEP 29 AM 11: 01				
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)					
Name:	RODRIGO CHARRY		- 三				
	69 BREEZEWAY COURT	 -	= `				
Office Address:	09 BREIZEWAT COOK!		2 2				
	PONTE VEDRA	Florida 32081 (Zin cod					
to comply with the provis	ation, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.	er and complete performance of my	duties, and I am familiar with				
	(Registered agent	's signature)					
8. The name, title or cap Title or Capacity:	pacity and address of the person(s) who l	has/have authority to manage is/are: Title or Capacity:	Name and Address:				
	MICHEL SUCCAR						
CEO	685 MERLOT COURT						
	MISSISSAUGA.ON.L5144	<u> </u>					
	CANADA						
	CANADA						
(Use attachments if nece	essary)						
 Attached is a certificat jurisdiction under the law of the translator must be 	e of existence, no more than 90 days old y of which it is organized. (If the certific submitted)	d, duly authenticated by the official heate is in a foreign language, a transla	aving custody of records in the tion of the certificate under oath				
10. This document is exe submitted in a document	reuted in accordance with section 605.02 to the Department of State constitutes a	203 (1) (b). Florida Statutes. I am awa third degree felony as provided for in	are that any false information a s.817.155, F.S.				
	Simon	nure of th authorized person					

MICHEL SUCCAR
Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST LIGHT PROPERTY MANAGEMENT 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 THIRTIETH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST LIGHT PROPERTY MANAGEMENT LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2017.

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

Authentication: 203141774

Date: 08-30-17

6399357 8300 SR# 20175946492