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S. WARREN DEC 0 4 2017



November 15, 2017

BRENDA JACKSON 1001 GRAND AVENUE WEST DES MOINES, IA 50265

SUBJECT: ATERRA 107, 12550 NW 7TH AVE, NORTH MIAMI, L.L.C.

Ref. Number: W17000091358

We have received your document for ATERRA 107, 12550 NW 7TH AVE, NORTH MIAMI, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

CERTIFICATE OF ORGANIZATION DOES NOT MEET STATUTORY REQUIREMENTS, NEED A GOOD STANDING 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 717A00023205

Division of Company in D.O. DOV 6207 Wellshasses Florida 20014

COVER LETTER

Registration Section

TO:

	on of Corporatio	ons NW 7th Ave., North Miami,	II C		
SUBJECT:			Limited Liability	Company	
					ansact Business in Florida," Certificate o y company to transact business in Florida
Please return all	l correspondence	concerning this matter to the	e following:		
	Brenda Jackso	on			
		N	lame of Person	- 4	
	Aterra Real E	state			
	~	F	im/Company		
	1001 Grand A	venue			
			Address		
	West Des Mo	ines, IA 50265			
		City/S	State and Zip Code	<u> </u>	 ,
	bjackson@aterr	arealestate.com			
		E-mail address: (to be use	d for future annua	l report no	tification)
For further info	rmation concerni	ng this matter, please call:			
Brend	a Jackson		515 at (225-90	29 ext. 125
	Name	of Contact Person	Area Code	Day	vtime Telephone Number
Divisio Registr P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301
	eck for the follows 5.00 Filing Fee	wing amount: S130.00 Filing Fee & Certificate of Status	S155.00 Fili 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:

	Limited Elability Company, mass made of the	nited Liablilty Co	onipaciy, ""L.L.C.," or "LLC	·")
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	i Florida. The alterni	ite name must include "Limited I	Liability Company," "L.IC," or "LI.C.")
2. Towa		3. 8.	2-3123566	
(Jurisdiction under the law of w	lisch foreign limited liability company is organized)	_	(FEI no	unber, if applicable)
a November 1, 2017				
4.	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det	r th registration.)	ity)	
5 1001 Grand Avenue	•		01 Grand Avenue	•
5. Street Address of	Principal Office)	b. <u></u>	(Mailing A	(ddress)
West Des Moines, Iow	/a 50265	W	est Des Moines, Iowa :	50265
				
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acue	ptable)	· · · · · · · · · · · · · · · · · · ·
Name:	C T Corporation System			77 PH 5
****	1200 South Pine Island Road			型が 立
Office Address:	1200 Boddi Tino Island Rond			
	Plantation		, Florida_33324(Zip c	表示 =
Registered agent's accep	(City)		(Zip c	ode)
ана ассері іне овиданоп	s of my position agregistered agent.		rney Asst. Secreta	ity-
	/ Argustico such	7.1 algorithe)		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:		ority,to manage is/are: or Capacity:	Name and Address:
True of Capacavi	Name and Address.	-11119		
Manager	Thomas R. Bernau	42109		
				
	Thomas R. Bernau			
	Thomas R. Bernau			
	Thomas R. Bernau 1001 Grand Avenue West Des Moines, Iowa 502			
Manager (Use attachments if neces 9. Attached is a certificate	Thomas R. Bernau 1001 Grand Avenue West Des Moines, Iowa 502 sary) of existence, no more than 90 days old of which it is organized. (If the certific	d, duly authen	ticated by the official l	having custody of records in the
Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated in a document is executed in a document to submitted in a document to the submitted in a doc	sary) of existence, no more than 90 days old of which it is organized. (If the certification dubmitted) uted in accordance with section 605.02 of the Department of State constitutes a	d, duly authen cate is in a fore	ticated by the official leign language, a transle orida Statutes. I am aw	ation of the certificate under oat are that any false information
Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be stated in a document is execusibilitied in a document to submitted in a document to the submitted i	sary) of existence, no more than 90 days old of which it is organized. (If the certification accordance with section 605.02	d, duly authen cate is in a fore	ticated by the official leign language, a transle orida Statutes. I am aw	ation of the certificate under oat are that any false information

Typed or printed name of signer

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 11/27/2017

Name: ATERRA 107, 12550 NW 7TH AVE., NORTH MIAMI, L.L.C. (489DLC - 556188)

Date of Incorporation: 10/16/2017

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS142448

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State