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(Requestor's Name)							
(Address)							
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(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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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 929651 4302355

AUTHORIZATION : STILLABLE MOS

COST LIMIT : \$ 125.00

ORDER DATE: November 27, 2017

ORDER TIME : 9:35 AM

ORDER NO. : 929651-005

CUSTOMER NO: 4302355

FOREIGN FILINGS

NAME: AMFP IV DUNES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

. .

TO:

Registration Section Division of Corporations

SUBJECT:	AMFP IV Dunes LI	.C						
		Name of Limited Liability Company						
					nsact Business in Florida," (company to transact busine			
Please retur	n all correspondence of	concerning this matter to the	following:					
	Michael Aidek	man						
		N	ame of Person					
	Abacus Capital Group							
		F	irm/Company	•••				
	420 Lexington	Avenue, Suite 2821						
		Address						
	New York, NY	10170						
		City/S	tate and Zip Code					
	maidekman@aba	acuscapitalgroup.com						
		E-mail address: (to be use	d for future annual	report not	ification)			
For further	information concernin	g this matter, please call:						
М	ichael Aidekman		646	291-60				
_	Name c	Contact Person	at (Area Code	Day	time Telephone Number			
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 Illahassee, FL 32314			Division Registrate Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle iee, FL 32301			
	a check for the follow \$125,00 Filing Fee	ing amount: \$\sum \text{\$\sum \text{\$130.00 Filing Fee & }}\$ Certificate of Status	□ \$155.00 Filit Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2017

CSC ROXANNE TURNER

SUBJECT: AMFP IV DUNES LLC Ref. Number: W17000094433

RESUBMIT

Please give original submission date as file date

We have received your document for AMFP IV DUNES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00024013

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 TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMFP IV Dunes LLC (Name of Fore	ign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," o	r"LLC.")	
	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate na	me must include "Limited	
Liability Company," "L.L.C. ₂ Delaware	or T.I.C.)			
2. (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable	:)	
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.)	_	
5. 201 Harbour City Park			<u> </u>	
Indian Harbour Beach.	Florida 32937			
-	(Street Address of Principal	Office)	— <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	
6 C/o Abacus Capital Gro	up 420 Lexington Avenue, Suite 2821			
New York, New York	Sew York, New York 10170			
	(Mailing Address)			
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	<u>#</u>	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		. 2	
	Tallahassee	Florida 32301		
	(City)	(Zip code)	_	
designated in this applica to complywith the provisi accept the obligations of a	gistered agent and to accept service of partion, I hereby accept the appointment as one of all statutes relative to the proper of any position as registered agent. Corporation Service Company By: (Registered agent (Registered agent) city and address of the person(s) who had dman, Managing Member	s registered agent and agree to act in the and complete performance of my dutient's signature)	his capacity. I further agree	
c/o Abacus Capita	Group, 420 Lexington Avenue, S	Suite 2821, New York, NY 10170		
		e is in a foreign language, a translation o		
	Signature of an au	thorized person		
	in accordance with section 605.0203 (1) the Department of State constitutes a thi			

Typed or printed name of signee

Michael Aidekman

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AMFP IV DUNES 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-SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMEP IV DUNES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203633134

Date: 11-27-17

6627075 8300 SR# 20177246867