M1800001204

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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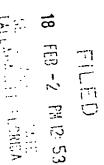




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J. LEGGETT FEB 0 5 2018





December 11, 2017

SUE BEUTLER 1065 EAST MOREHEAD STREET CHARLOTTE, NC 28204 US

SUBJECT: MIRACLE TALLAHASSEE III, LLC

Ref. Number: W17000097705

We have received your document for MIRACLE TALLAHASSEE III, LLC and your check(s) totaling \$155.00. 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.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

Letter Number: 217A00024954

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns						
SUBJECT:	Miracle Tallahassee	III, LLC						
ood ter.		Name of	Limited Liability (Company	 			
		eign Limited Liability Comp d to register the above refere						
Please return	all correspondence of	concerning this matter to the	following:					
	Sue Beutler							
		N's	ame of Person					
	Johnston, Allis	on & Hord						
		Fi	rm/Company		<u> </u>			
	1065 East More	ehead St						
	Address							
	Charlotte, NC	28204						
		City/S	tate and Zip Code	-	_			
	sbeutler@jahlaw	.com						
		E-mail address: (to be used	I for future annual	report not	ification)			
For further in	nformation concernin	g this matter, please call:						
Suc	: Beutler		704 at (998-23	17			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding cutive Center Circle see, F1, 32301			
	check for the follow 125.00 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	■ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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. Miracle Tallahassee III, LLC

(Name of Foreign Limited Liability Company; must include "Exmited Liability Company," "L.L.C.," or "LUC.")

North Carolina		3.		
(Jurisdiction under the law of	which foreign limited liability company is organized)		(FEI number, if applicable	
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	o registration.) mine penalty kability)		
122 15th Street #U		6. 122 15t	h Street #U	
(Street Address of Del Mar, CA 92014	Principal Office)	Dal Ma	(Mailing Address) r, CA 92014	_
Del Mai, CA 92014		Delivia	1, CA 32014	
				
No	on of Clarida maintaned agents (P.O. Do	w NOT command	, I=1	
vame and <u>street adore</u>	ess of Florida registered agent: (P.O. Bo	x NOT acceptato	le)	
Name:	Capitol Corporate Services, Inc.			· · ·
Office Address:	155 Office Plaza Dr., Suite A			**
	Tallahassee		n 32301	<u>-1</u> 2-7
	(City)		Florida 32301 (Zip code)	€ 7 ; · · · 3 -
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ving been named as r ignated in this applice omply with the provis l accept the obligation The name, title or cap	egistered agent and to accept service of action, I hereby accept the appointment is of all statutes relative to the propers of my position as registered agent. (Registered agent) active and address of the person(s) who here	as registered ager r and complete pr Delani signature) as/have authority	nt and agree to act in this cap erformance of my duties, and e Case, asst se to manage is/are:	acity. I further agri I am familiar with C
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The name, title or cap Title or Capacity: Manager Manager Se attachments if neces stached is a certificate sdiction under the law the translator must be so	egistered agent and to accept service of ation, I hereby accept the appointment alons of all statutes relative to the property of my position as registered agent. (Registered agent accept and address of the person(s) who have and Address: Edward Long 600 Fairview Rd Ste 1200 Charlotte, NC 28210 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate admitted) uted in accordance with section 605.020	Delani Delani Mas/have authority Title or Cs duly authenticate te is in a foreign li	at and agree to act in this caperformance of my duties, and e Case, asst se to manage is/are: upacity: Name and d by the official having custod anguage, a translation of the constitutes. I am aware that any factors	acity. I further agrical am familiar with C and Address: Ty of records in the ertificate under oath
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Typed or printed name of signer





NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MIRACLE TALLAHASSEE III, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of November, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of February, 2018.

Secretary of State

6 laine I Marshall

Certification# 101674721-1 Reference# 14204790-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

JOHNSTON, ALLISON & HORD, P.A.

1065 East Morehead Street • Charlotte, NC 28204 P.O. Box 36469 • Charlotte, NC 28236 (704) 332-1181 • FAX (704) 376-1628



February 2, 2018 NAME: Judy COMPANY: Sunbiz FACSIMILE NUMBER: 850-245-6030 **TELEPHONE NUMBER:** FROM: Sue Beutler PAGES TO FOLLOW: SUBJECT: Miracle Tallahassee III, LLC MESSAGE: NC CERTIFICATE OF EXISTENCE ATTACHED THE ORIGINAL IS IN NOT BEING MAILED. RECEIVED FILE/MATTER: 095.5000 FEB 0 2 2018 TIME OF TRANSMISSION: ______ BY: ____

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