M1800004556

(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:

Office Use Only



600313062976

05/10/18--01015--032 **155.00

I ASH OL ASH 64-1-2

SECRETARY OF STATE ALLAHASSEE, FLORIDA

5-11-18



Rebecca S. Heath
Paralegal
d. 804.771.5618 | bheath@hf-law.com

2100 E. Cary Street Richmond, Virginia 23223 t: 804.771.9500 | f: 804.644.0957 www.hf-law.com

May 9, 2018

OVERNIGHT DELIVERY

Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: FDS AF Brandon, LLC

Dear Sir or Madam:

Enclosed is an application to register the referenced Delaware limited liability company to do business in Florida. Also enclosed is a check in the amount of \$155.00 in payment of the filing fee and a certified copy of the filing. Please process the application as soon as possible and return confirmation of same to me using the enclosed prepaid envelope.

If you have any questions, please contact me.

Sincerely.

Rebecca S. Heath

Paralegal

Enclosures

ce: Justine A. Fitzgerald, Esquire (w/enc.)

9728182,1 041928,00005

COVER LETTER

	Registration Sec Division of Corp						
SUBJEC	FDS AF Bra	indon, LLC					
			Name of I	imited Liability C	ompany		
The enclose Existence	losed "Application e, and check are s	n by Foreign submitted to	Limited Liability Compregister the above refere	any for Authorizat nced foreign limite	ion to Trar ed liability	nsact Business in Florida," C company to transact busines	lertificate of ss in Florida.
Please re	etum all correspor	ndence conce	erning this matter to the t	following:			
	Rebecc	a S. Heath					
			Na	me of Person	-		
	Hirschl	er Fleischer					
	<u> –</u>		Fir	m/Company			
	PO Box	¢ 500					
				Address			
	Richmo	ond, Virginia	23218-0500				
		_	City/St	ate and Zip Code			
	bheath@	hf-law.com					
		E-1	mail address: (to be used	for future annual	report noti	fication)	
For furth	ner information co	ncerning thi	s matter, please call:				
	Rebecca S. Heat	h		804 at (771-561	8	
		Name of Co	intact Person	Area Code	Dayt	ime Telephone Number	,
	MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	orations tion			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301	
	d is a check for th □ \$125.00 Filin	g Fee 🔘	amount: \$130.00 Filing Fee & ertificate of Status	■ \$155.00 Filin Certified Copy	g 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 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Lim			15 . C
	name adopted for the purpose of transacting business in	Florida. The alternat	e name must include "Eunited Liabi	hity Company, "L.L.C., or "LLC.")
2. Delaware	hich foreign limited liability company is organized)	3	(FFI numbe	r, if applicable)
(Julistiction under the 1944 of W	men tototal tillined tability company is organized		(.,,
4	Date for tennearing business in Florida if prior	to resistation)		<u>-</u> _
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	rmine penalty liabiti	15)	<u>.</u> -1
5. 1001 19th Street, N, # (Street Address of I	1401	6	(Mailing Addre	<u></u> ≥
Arlington, Virginia 22			(intellige Account	TA A
			· · · · · · · · · · · · · · · · · · ·	
				- 5 5
7 Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acce	ptable)	18 HAN IO ANII: 53
	Capitol Corporate Services, Inc.		,	= 2
Name:	Capitol Corporate Services, the.			ِي بَ نَ عَ
Office Address:	515 East Park Avenue, 2nd Floor		_	•
	Tallahassee		, Florida 32301 (Zip code	
	(City)		(Zip code)
and accept the obligation	s of my position as registered agent.			Juties, and I am familiar with Sect on behalf of
and accept the obligation	s of my position as registered agent. (Registered age)	Kim Tadlor	Kim Tadlock, Asst Capitol Corporate	
	(Registered age	Kim Tadloc H's signature)	Kim Tadlock, Asst Capitol Corporate	
8. The name, title or cap	(Registered ages acity and address of the person(s) who	kim Tadloc n's signature) has/have auth	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	
8. The name, title or cap Title or Capacity:	(Registered ages acity and address of the person(s) who Name and Address:	kim Tadloc n's signature) has/have auth	Kim Tadlock, Asst Capitol Corporate	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap	acity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity:	(Registered ages acity and address of the person(s) who Name and Address:	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity:	city and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209	kim Tadloc n's signature) has/have auth <u>Title</u>	Kim Tadlock, Asst Capitol Corporate pority to manage is/are:	Sect on behalf of <u>Serv</u> ices, Inc.
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces	(Registered ages acity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209	Kim Tadlor. has/have auth Title	Kim Tadlock, Asst Capitol Corporate nority to manage is/are: or Capacity:	Sect on behalf of Services, Inc. Name and Address:
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces	claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 ssary)	kim Tadloc has/have auth Title	Kim Tadlock, Asst Capitol Corporate nority to manage is/are: or Capacity:	Sect on behalf of Services, Inc. Name and Address: ving custody of records in the
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 essary) of existence, no more than 90 days of which it is organized. (If the certification)	kim Tadloc has/have auth Title	Kim Tadlock, Asst Capitol Corporate nority to manage is/are: or Capacity:	Sect on behalf of Services, Inc. Name and Address: ving custody of records in the
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 ssary) of existence, no more than 90 days of which it is organized. (If the certification)	has/have auth Title	Kim Tadlock, Asst Capitol Corporate cority to manage is/are: or Capacity: nticated by the official ha eign language, a translati	Name and Address: ving custody of records in the ton of the certificate under oath
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 essary) of existence, no more than 90 days of which it is organized. (If the certification)	has/have auth Title	Kim Tadlock, Asst Capitol Corporate cority to manage is/are: or Capacity: nticated by the official ha eign language, a translati orida Statutes. I am awar	Name and Address: ving custody of records in the ion of the certificate under oath
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	cacity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 Ssary) of existence, no more than 90 days of which it is organized. (If the certification) is of which it is organized with section 605.0 cuted in accordance with section 605.0	has/have auth Title	Kim Tadlock, Asst Capitol Corporate cority to manage is/are: or Capacity: nticated by the official ha eign language, a translati orida Statutes. I am awar	Name and Address: ving custody of records in the ion of the certificate under oath
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	cacity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 cof existence, no more than 90 days of which it is organized. (If the certification accordance with section 605.0 to the Department of State constitutes a	has/have auth Title	Kim Tadlock, Asst Capitol Corporate fority to manage is/are: or Capacity: nticated by the official have ign language, a translati orida Statutes. I am awar relony as provided for in a	Name and Address: ving custody of records in the ion of the certificate under oath
8. The name, title or cap Title or Capacity: Managing Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	cacity and address of the person(s) who Name and Address: Claiborne J. Williams 1001 19th Street, N, #1401 Arlington, Virginia 22209 cof existence, no more than 90 days of which it is organized. (If the certification accordance with section 605.0 to the Department of State constitutes a	has/have auth Title dd, duly auther cate is in a for third degree f	Kim Tadlock, Asst Capitol Corporate fority to manage is/are: or Capacity: nticated by the official have ign language, a translati orida Statutes. I am awar relony as provided for in a	Name and Address: ving custody of records in the ion of the certificate under oath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FDS AF BRANDON, 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 SEVENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FDS AF BRANDON, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 202647081

Date: 05-07-18

6624421 8300 SR# 20183426130