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June 15, 2018

CYNTHIA F SKWIERC, FRP 4741 MILITARY TRAIL STE 200 JUPITER, FL 33458

SUBJECT: AW MEMORIAL SOUTH, LLC

Ref. Number: W18000056058

We have received your document for AW MEMORIAL SOUTH, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00012550



Cynthia "Cindy" F. Skwierc, FRP

Paralegal

(561) 650-8241

(561) 650-8241 Fax: (561) 650-5300 cskwierc@jonesfoster.com

June 21, 2018

Via FedEx

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: AW Memorial South, LLC, a Delaware limited liability company Florida Department of State Reference Number: W18000056058

Dear Registration Section:

Enclosed in response to your enclosed correspondence of June 15th, please find a Certificate of Good Standing from the Delaware Division of Corporations relative to the above-referenced entity. Kindly proceed with the filing of the Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida for this entity. Please return the certified copy of the Authorization to Transact Business in the enclosed return FedEx envelope at your earliest possible opportunity.

Should you have any questions regarding the enclosed, please don't hesitate to contact me.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Cynthia "Cindy" F. Skwierc, Paralegal

Enclosures
P:\DOCS\22606\00189\LTR\1V52048 DOCX

COVER LETTER

* . :

Registration Section

TO:

Div	ision of Corporatio	ns					
SUBJECT:	AW Memorial So	uth, LLC					
		Name of L	imited Liability Co	ompany			
The enclosed Existence, ar	d "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorizat need foreign limite	ion to Tran ed liability (sact Business in Florida," C company to transact busines	ertificate of 8 in Florida.	
Please return	all correspondence	concerning this matter to the	following:				
	Cynthia F. Si	wierc, FRP					
	Name of Person						
	Jones, Foster, Johnston & Stubbs, P.A.						
	Firm/Company						
	4741 Military Trail, Suite 200						
	Address						
	Jupiter, FL 33458						
		City/St	ate and Zip Code				
	bwaxman@aw	property.com					
		E-mail address: (to be used	for future annual	report notif	fication)		
For further i	nformation concernir	ng this matter, please call:					
Cy	ynthia F. Skwierc, F	RP	561 at (650-824	41		
	Name	of Contact Person	Area Code	Dayti	ime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FI. 32314				Division o Registratio Clifton Bu 2661 Exec			
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy		

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

 $\mathcal{F}_{\mathcal{A}}(x) = \mathcal{F}_{\mathcal{A}}(x)$

IN COMPILANCE 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:

(,variat of rearigi	n Limited Liability Company, must include "Limited	I Liability Company, L.L.C., or LLC.)		
ame unavuilable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Lic	bility Company," "L L.C," or "LLC.")		
Delaware		_{3.} 83-0822428			
	which foreign limited hability company is organized)	(FEI num	ber, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty liability)			
11780 U.S. Highwa	y One, Suite 305	6. 11780 U.S. Highway On (Mailing Add	e, Suite 305		
(Street Address of Principal Office) North Palm Beach, FL 33408		North Palm Beach, FL 33408			
Notti Faint Beach, I		Worth Fain Seach, FE 5			
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	-		
Name:	Jones Foster Service, LLC				
Office Address:	505 S. Flagler Drive, Suite 1100				
	egistered agent and to accept service of p		l liability company at the pla		
ving been named as r signated in this applic comply with the provis	ptance: ptance: registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. M. C. M	process for the above stated limited in stated limited in the state of the action of the state of the action of the state	I liability company at the pla in this capacity. I further a		
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wing been named as rignated in this application this application of the provide accept the obligation. The name, title or capacity: Manager Attachments if necessarianched is a certificat	ptance: registered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Registered agent's reacity and address of the person(s) who has Name and Address: Brian K. Waxman 11780 US Hwy One. #305 North Palm Beach. FL 3340 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	orocess for the above stated limited is registered agent and agree to act and complete performance of my software. Shave authority to manage is/are: Title or Capacity:	Name and Address:		

Typed or printed name of signee

Scott L. McMullen

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AW MEMORIAL SOUTH, 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 NINETEENTH DAY OF JUNE, A.D. 2018.



6921465 8300 SR# 20185240168

Authentication: 202917464

Date: 06-19-18

You may verify this certificate online at corp.delaware.gov/authver.shtml