MISOCOTUS 3

(Requestor's Name)
(Address)
(Address)
-
· (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004,
Out to the second Chapter
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ ,
<u></u> _

Office Use Only



300316124243

07/26/18--01024--015 **180.00

PILED

SECRETARY OF STARE

SECRETARY OF STARE

D RRIJCE AUG 02 2018

COVER LETTER

.

TO:	Registration So Division of Co								
SUBJE	FL Doral 2	22nd, LLC							
			Name of I	Limited Liability (Company				
			n Limited Liability Comp o register the above refere						
Please	return all correspo	ondence con	cerning this matter to the	following:					
	Nancy	y Dixon							
			Na	ime of Person					
•	Realty	yLink, LLC							
•			Fi	rm/Company					
	550 S	S. Main Stre	et, Ste. 300				JAI 38	2018	ener.
				Address			CHE	عال	11
	Green	nville, SC 2	9601				BARY ASSE	25	
	ndixon	@realtylinko	_	ate and Zip Code			E FLOR	PB 2:	
		E	-mail address: (to be used	for future annual	report not	ification)		٤4	
For fur	ther information o	concerning th	is matter, please call:						
	Nancy Dixon			864 at (263-54	10			
		Name of C	ontact Person	Area Code	Day	time Telephone Nu	ımber		
	MAILING AD Division of Cor Registration Sec P.O. Box 6327 Tallahassee, FL	porations ction			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle ce, FL 32301	łe		
Enclose	ed is a check for t \$125.00 Filit	ng Fee 🛚 🗏	amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing of Status & Certi			ż

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i 2 South Carolina	name adopted for the purpose of transacting business	ss in Florida. The alternate nam 3. 83-13		ability Company," "L.L.C," or "L.L.C	l")
	bich foreign limited liability company is organized)	<u> </u>		ber, if applicable)	
4. 8-1-18					
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F,S, to	prior to registration.) determine penalty liability)			
5. 550 S. Main Street,	Ste. 300		Main Street, Ste.	. 300	
(Street Address of Greenville, SC 2960	•	· - · · · ·	(Mailing Add		جي
Greenville, 50 2300		Green	ville, SC 29601	12 UI	
			 	÷ [:]	یے
7. Name and street addre	ss of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptab	ole)	表 SSS	L 2£
Name:	Corporation Service Company			H.C.	70
Office Address:	1201 Hays Street			10	Ŋ
	Tallahassee		32301	A POR	.
	1 01101103366		Clasida DESUI		
laving been named as re lesignated in this applica to comply with the provis	(City)	e of process for the c ent as registered age roper and complete p to	int and agree to act performance of my	d liability company at th t in this capacity. I furth duties, and I am familio	ier agre
designated in this applicate to comply with the provisional accept the obligation	stance: egistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pr s of my position as registered agen (hughlered to	ce of process for the dent as registered age roper and complete part. Lynn Can Lynn Can	(Zip con above stated limited ant and agree to act performance of my anelongo, Assis	d liability company at th t in this capacity. I furth duties, and I am familio	ier agre
Having been named as redesignated in this applicate on the provision comply with the provisiond accept the obligation	tance: egistered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the pi s of my position as registered agen	ce of process for the dent as registered age roper and complete part. Lynn Can Lynn Can	above stated limited ant and agree to act performance of my anelongo, Assis	d liability company at th t in this capacity. I furth duties, and I am familio	ier agre ar with
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap.	etance: registered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the pu s of my position as registered agen (Aughtered of the person(s))	te of process for the a tent as registered age troper and complete p the Lynn Can agent's signature) the has/have authority	above stated limited ant and agree to act performance of my anelongo, Assis	d liability company at th t in this capacity. I furth duties, and I am familio stant VP	ier agre ar with
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap.	estance: registered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the price s of my position as registered agen (Augaltered agent) Address: Philip J. Wilson 550 S. Main St., Ste, 3	te of process for the a tent as registered age troper and complete p the Lynn Can agent's signature) the has/have authority	above stated limited ant and agree to act performance of my anelongo, Assis	d liability company at th t in this capacity. I furth duties, and I am familio stant VP	ier agre ar with
Having been named as redesignated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity: Manager	estance: registered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the present of the present of the present of the person of the p	te of process for the a tent as registered age troper and complete p the Lynn Can agent's signature) the has/have authority	above stated limited ant and agree to act performance of my anelongo, Assis	d liability company at th t in this capacity. I furth duties, and I am familio stant VP	ier agre ar with
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or capacity: Manager (Use attachments if necess)	estance: registered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the pi s of my position as registered agen (Negatered a acity and address of the person(s) w Name and Address: Philip J. Wilson 550 S. Main St Ste. 3 Greenville, SC 29601 sary) of existence, no more than 90 days of which it is organized. (If the cert	te of process for the astern as registered age roper and complete put. Lynn Can agent's signature) Title or C	above stated limited and agree to act performance of my smelongo, Assis y to manage is/are: Impacity:	d liability company at the tin this capacity. I furth duties, and I am familia stant VP Name and Address:	in the

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

FL DORAL 22ND, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on July 23rd, 2018, with a duration that is until 07/23/2118, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of July, 2018.

Mark Hammond, Secretary of State