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16 SEP 27 AM 10: 4

K. SALY SER 28 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000	0195
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REFERENCE: 414862 4304417

AUTHORIZATION : Conclude to a

COST LIMIT : \$\frac{\frac{1}{2}}{2} \frac{1}{2} \frac\

ORDER DATE: September 27, 2018

ORDER TIME : 9:57 AM

ORDER NO. : 414862-005

CUSTOMER NO: 4304417

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## FOREIGN FILINGS

NAME: MYATAMPA, 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:

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MYATAMPA, LLC (Name of Foreign	Limited Liability Company; must include "Limited	I Liability Company," "L L C.," or "Ll	I.C ")
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limite	ed Liability Company," "L. E.C," or "LLC.")
2 DE		3. 83-1917819	
	hich foreign limited liability company is organized)	(FE	I number, if applicable)
4 Upon filing			
1. Open mag	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	
5.		6.	
(Street Address of F	Principal Office)	O. (Mailing	g Address)
912 N. Franklin St. Tar	mpa, FL 33602	912 N. Franklin St. Tai	mpa. FL 33602
			2 .
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	P 27 MIII:
Name:	Corporation Service Company	<del> </del>	
Office Address:	1201 Hays Street		BA N
	Tallahassee	. Florida <u>32301</u>	•
Registered agent's accep	(City)	(2.	ûp code)
	S of my position as registered agent.  Corporation Service Company  By:  (Registered agent's active and address of the person(s) who ha	1 250 11 11 11	resident
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Lanfranco Pescante	Manager	FVH Tampa, LLC
	912 North Franklin Street Tampa, Florida 33602	-	31351 Via Colinas, Ste 101 Westlake Village, CA 91362
912	David Anderson		
	912 North Franklin Street	<del> </del>	
	Tampa, Florida 33602	-	
(Use attachments if neces	sary)		
risdiction under the law f the translator must be so ). This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificatubmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thi	e is in a foreign language, a trai 3 (1) (b), Florida Statutes, I am :	nslation of the certificate under oath
	Sionware	of an authorized person	<del></del>
	au		
	Lanfrance	) Pescante	

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MYATAMPA, 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 SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYATAMPA, LLC"

WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

FILED

18 SEP 27 AM II: 15

SEGNALASSEE FLORIDA



Authentication: 203503050

Date: 09-27-18

7056890 8300 SR# 20186862587