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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 Phone

Fax Number : (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Countyline Building 6 LLC

Certificate of Status	0
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April 2, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAGLER DEVELOPMENT GROUP, LLC

SUBJECT: COUNTYLINE BUILDING 6 LLC

REF: W19000033075

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 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.

Stacy Prather Regulatory Specialist III FAX Aud. #: H19000107451 Letter Number: 819A00006498

P.O BOX 6327 - Tallahassee, Flonda 32314

COVER LETTER

	gistration Section vision of Corporation	i .				
SUBJECT:	Countylin	e Building				
		Name of i	Limited Liability Company			
The enclose Existence, a	ed "Application by Fore and check are submitted	ign Limited Liability I to register the above	Company for Authorizate referenced foreign limit	tion to Trans ed liability o	act Business in Florida," ompany to transact busine	Certificate of ess in Florida
Please retur	n all correspondence c	oncerning this matter	to the following:			
	Jessica	Perez				
			Name of Person			
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company			
	700 NM	/ 1st Aven	iue, Suite 1	620		
	70011	13171401	Address			
		EL 00400				
	Miami,	FL 33136				
			City/State and Zip Code			
	jessica.	perez@fe	ci.com			
	 	E-mail address: (to	be used for future annual re	eport notificati	on)	
For further	information concernin	g this matter, please c	all:			
	Jessica Pe	rez	₃₁ 305	,520-	-2366	
	Name (of Contact Person	Area Code	Dayı	ime Telephone Number	
D R P	ivision of Corporations egistration Section .O. Box 6327 allahassee, FL 32314	;	TREET ADDRESS: Division of Corporations Registration Section Diffon Building 2661 Executive Center C Tallahassee, FL 32301			
	l is a check for the I \$125.00 Filing Fee	following amount \$130.00 Filing F Certificate of St	cc & □ \$155.00 Fili	-	☐ \$160.00 Filing Fee, C of Status & Certified	

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: L Countyline Building 6 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") _{2.} Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 700 NW 1st Avenue, Suite 1620 Miami, FL 33136 (Street Address of Principal Office) 700 NW 1st Avenue, Suite 1620 Miami, FL 33136 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christopher J. Sutton (VP); Mauricio Anderson (VP); Kolleen Cobb (VP, S); Margarita M. Martinez (VP, AS); and Juan (Rusty) Godoy (VP, T) 700 NW 1st Avenue, Suite 1620, Miami, FL 33136 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this decument constitutes an affirmation under the penalties of perjuty that the facts stated herein are true. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.155, F.S.)

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited L	iability Compar	ny is:	
County	line Buildi	ng 6 LLC		
If unavailable	e, the alternate to	be used in the s	state of Florida is:	
2. The name	and the Florida	street address of	the registered agent and office are:	19 APR
	Kolleen	O.P. Col	bb	53. V
			(Name)	- Ma
			nue, Suite 1620	FLORIDA SIATE
	Miami		33136 FL City/State/Zip	
liability com registered as statutes rela	pany at the place gent and agree to ting to the proper	designated in the act in this capace and complete p	o accept service of process for the above als certificate, I hereby accept the appoin city. I further agree to comply with the performance of my duties, and I am familitered agent as provided for in Chapter 6	ntment as provisions of all iar with and
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 6 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 SECOND DAY OF APRIL, A.D. 2019.



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Authentication: 202566625

Date: 04-02-19