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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 750691 7965870

AUTHORIZATION : Special par

COST LIMIT : \$ 125.00

ORDER DATE : May 3, 2019

ORDER TIME : 3:26 PM

ORDER NO. : 750691-005

CUSTOMER NO: 7965870

FOREIGN FILINGS

NAME: 13FH CORAL SPRINGS, 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 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:

(if hathe unavallable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpos	se of transacting busin	ness in Florida. The alternate name n	nust include "L	imited
2. Delaware	•	3. 83-4636218	8		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)		_
May 2, 2019					
848 Brickell Avenue,	(Date first transacted busing (See sections 605.0904 & 605) PH1	ess in Florida, if prior 5.0905, F.S. to determ	to registration.) ine penalty liability)		
Miami, Florida 33131				~3	
049 70 /-1 15 4	(Street Address of	Principal Office)		:: <u>:</u> :::::::::::::::::::::::::::::::::	•
848 Brickell Avenue, I	'HI			pgra Kā	;
Miami, Florida 33131				:	**** ****
	(Mailing	Address)			
Name and street addre	ss of Florida registered agent: (P	'.O. Box NOT acce	ptable)	<u>0</u>	,
Name:	Timothy Sanders			⊕ .5	•
Office Address:	848 Brickell Avenue PH1	· · · · · · · · · · · · · · · · · · ·			
	Miami		, Florida 33131		
egistered agent's accep	(City)		(Zip code)		
aving been named as re	tion, I hereby accept the appoint	tment as registered proper and comple	agent and agree to act in this co te performance of my duties, an	anacity. I furi	ther no
rsignated in this applica complywith the provisi	my position as registered agent.	Jer			
esignated in this applical complywith the provision of a comply the obligations of a	my position as registered agent.	tered agent's signature			
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o complywith the provisi accept the obligations of i	(Regist and address of the person(s)	_			

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "13FH CORAL SPRINGS, 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 THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13FH CORAL SPRINGS, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2019.

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

HYS OCCUPANT OF THE PARTY OF TH

Authentication: 202761834

Date: 05-03-19