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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : 120110000058
Phone : (305) 350-5344
Fax Number : (305) 373-2294

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

Email Address: PALESQ@GMAIL.COM

Foreign Limited Liability Company
Main Street Residential Ashley Place SPE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Z BROWN
JUL 15 2019

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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:

1. MAIN STREET RESIDENTIAL ASHLEY PLACE SPE, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 3340 SE Federal Hwy, #286
(Street Address of Principal Office)

6. 3340 SE Federal Hwy, #286
(Mailing Address)

Stuart, FL 34997

Stuart, FL 34997

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAW OFFICES OF PAUL A. LESTER, P.A.

Office Address: 9150 SOUTH DADELAND BLVD., SUITE 1400

MIAMI, Florida 33156
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MAIN STREET RESIDENTIAL ASHLEY PLACE SPE HOLDINGS, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3340 SE Federal Hwy, #286	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Stuart, FL 34997	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Paul A. Lester

Typed or printed name of signer

H19000212243

H19000212243

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAIN STREET RESIDENTIAL ASHLEY PLACE SPE, 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 NINTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAIN STREET RESIDENTIAL ASHLEY PLACE SPE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2019.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7389711 8300

SR# 20195861629

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

H19000212243

Authentication: 203176065

Date: 07-09-19

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "MAIN STREET
RESIDENTIAL ASHLEY PLACE SPE, LLC", FILED IN THIS OFFICE ON THE
TWENTY-FOURTH DAY OF APRIL, A.D. 2019, AT 4:31 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

H19000212243


State of Delaware
Secretary of State
Division of Corporations
Delivered 04:31 PM 04/24/2019
FILED 04:31 PM 04/24/2019
SR 20193142961 - File Number 7389711

**CERTIFICATE OF FORMATION
OF
MAIN STREET RESIDENTIAL ASHLEY PLACE SPE, LLC**

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of Main Street Residential Ashley Place SPE, LLC, a Delaware limited liability company (the "L.L.C."), desiring to comply with the requirements of 6 Del. C. § 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 Del. C. § 18-101, et seq. (the "Act"), hereby certifies as follows:

1. Name of the L.L.C. - The name of the L.L.C. is Main Street Residential Ashley Place SPE, LLC.
2. Registered Office and Registered Agent of the L.L.C. - The name of the registered agent for service of process on the L.L.C. in the State of Delaware is The First State Registered Agent Company. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1925 Lovering Avenue, City of Wilmington, County of New Castle, Delaware 19806.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provision of 6 Del. C. § 18-201 this 24th day of April, 2019.


Bryan E. Keenan,
Authorized Person (SEAL)

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