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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
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.****

Email Address: _____

2021 SEP 15 PM 2:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 15 AM 8:51
DEPARTMENT OF STATE
TALLAHASSEE, FL

**Foreign Limited Liability Company
Countyline Building 29 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Countyline Building 29 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica Perez

Name of Person

Firm/Company

700 NW 1st Avenue, Suite 1620

Address

Miami, FL 33136

City/State and Zip Code

kolleen.cobb@feci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Perez

305

520-2366

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Countyline Building 29 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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 700 NW 1st Avenue, Suite 1620
(Street Address of Principal Office)

6. 700 NW 1st Avenue, Suite 1620
(Mailing Address)

Miami, FL 33136

Miami, FL 33136

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

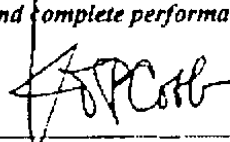
Name: Kolleen O.P. Cobb, Esq.

Office Address: 700 NW 1st Avenue, Suite 1620

Miami, Florida 33136
(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)

2021 SEP 15 AM 8:50
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

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]:

Title or Capacity: Name and Address:

☐ Manager Name: Christopher J. Sutton

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^P ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Mauricio Anderson

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP} ☐ Other

☐ Manager Name: Kolleen Cobb

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP, S} ☐ Other

☐ Manager Name: James A. Hoener

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP} ☐ Other

☐ Manager Name: Juan (Rusty) Godoy

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP, T, AS} ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other ☐ 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 the signature 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

Kolleen W.P. Cobb, Vice President

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 29 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 SEPTEMBER, A.D. 2021.



Jeffrey W. Bullock, Secretary of State

6224969 8300

SR# 20213201023

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

Authentication: 20412218

Date: 09-09-2