

2/14/22, 11:41 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2200002373

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000058329 3)))



H220000583293ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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: _____

Foreign Limited Liability Company Countyline Building 23 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 FEB 14 PM 4:54

FEB 14 PM 4:54

FILED
2022 FEB 14 PM 3:52
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

FEB 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Countyline Building 23 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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 23 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. <u>700 NW 1st Avenue, Suite 1620</u> (Street Address of Principal Office)	6. <u>700 NW 1st Avenue, Suite 1620</u> (Mailing Address)
<u>Miami, FL 33136</u>	<u>Miami, FL 33136</u>
_____	_____
_____	_____


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

Name:	<u>Kolleen O.P. Cobb, Esq.</u>
Office Address:	<u>700 NW 1st Avenue, Suite 1620</u>
	<u>Miami</u> , Florida <u>33136</u>
	(City) (Zip code)

FILED
2022 FEB 14 PM 3:52
SEALAHASSEE, FL

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)

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 _____

☐ Manager Name: Kolleen Cobb
☐ Member Address: 700 NW 1st Avenue
☐ Authorized Suite 1620
 Person Miami, FL 33136
☒ Other ^{VP, S} _____ ☐ Other _____

☐ Manager Name: Juan (Rusty) Godoy
☐ Member Address: 700 NW 1st Avenue
☐ Authorized Suite 1620
 Person Miami, FL 33136
☒ Other ^{VP, T, AS} _____ ☐ 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 _____

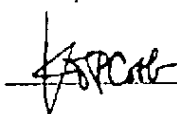
☐ Manager Name: James A. Hoener
☐ Member Address: 700 NW 1st Avenue
☐ Authorized Suite 1620
 Person Miami, FL 33136
☒ Other ^{VP} _____ ☐ Other _____

☐ 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 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

Kolleen O.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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "COUNTYLINE BUILDING 23
LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF FEBRUARY, A.D.
2022, AT 4:16 O'CLOCK P.M.*




Jeffrey W. Bullock, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:16 PM 02/10/2022
FILED 04:16 PM 02/10/2022
SR 20220460772 - File Number 6611893

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is COUNTYLINE BUILDING 23 LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive (street), in the City of Wilmington, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company.

By: /s/ Kolleen Cobb
Authorized Person

Name: Kolleen Cobb
Print or Type