

2/14/22, 11:41 AM

Division of Corporations

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: _____

Foreign Limited Liability Company

Countyline Building 22 LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. HAWKES
FEB - 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Countyline Building 22 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 22 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. 700 NW 1st Avenue, Suite 1620 6. 700 NW 1st Avenue, Suite 1620
(Street Address of Principal Office) (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)

FILED
2022 FEB 14 PM 3:56
STATE
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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Christopher J. Sutton	<input type="checkbox"/> Manager	Name: Mauricio Anderson
<input type="checkbox"/> Member	Address: 700 NW 1st Avenue	<input type="checkbox"/> Member	Address: 700 NW 1st Avenue
<input type="checkbox"/> Authorized	Suite 1620	<input type="checkbox"/> Authorized	Suite 1620
Person	Miami, FL 33136	Person	Miami, FL 33136
<input checked="" type="checkbox"/> Other ^P	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{VP}	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Kolleen Cobb	 <input type="checkbox"/> Manager	Name: James A. Hocner
<input type="checkbox"/> Member	Address: 700 NW 1st Avenue	<input type="checkbox"/> Member	Address: 700 NW 1st Avenue
<input type="checkbox"/> Authorized	Suite 1620	<input type="checkbox"/> Authorized	Suite 1620
Person	Miami, FL 33136	Person	Miami, FL 33136
<input checked="" type="checkbox"/> Other ^{VP, S}	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{VP}	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Juan (Rusty) Godoy	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 700 NW 1st Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 1620	<input type="checkbox"/> Authorized	_____
Person	Miami, FL 33136	Person	_____
<input checked="" type="checkbox"/> Other ^{VP, T, AS}	<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

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 22
LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF FEBRUARY, A.D.
2022, AT 4:16 O'CLOCK P.M.



6611887 8100
SR# 20220460776

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202646468
Date: 02-11-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:16 PM 02/10/2022
FILED 04:16 PM 02/10/2022
SR 20220460776 - File Number 6611887

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 22 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