## M2320005/4

(Rec	questor's Name)	
(Add	tress)	
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(City	/State/Zip/Phone #)	<del></del>
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	cument Number)	
c Copies	Certificates o	of Status
and Instructions to Filing	g Officer:	
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Office Use Only



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S FROM 1111 JAN 17 223 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	350485	7740632	
	AUTHORIZATION	:	Spiell	dena	6.00
	COST LIMIT	:	\$ 13000		<i>.</i> .
					,)
ORDER DATE :	January 12, 2023				
ORDER TIME :	9:15 AM				<del></del> ··
ORDER NO. :	350485-005				~
CUSTOMER NO:	7740632				
		<b></b> -	<b>-</b>	<b>.</b>	
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	COUNTYLINE BU	ILD	ING 41 LL	C	

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## COVER LETTER

C U <b>BJECT:</b>	ountyline Building 41 LLC		
	Nam	e of Limited Liability Company	-
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	
ease return al	I correspondence concerning this matter to	o the following:	
	Jessica Perez		
		Name of Person	-
		Firm/Company	-
	700 \700 \ 10	, and company	- 1
700 NW 1st Avenue, Suite 1620			r ;
		Address	
	Miami, FL 33136		 (,)
	C	ity/State and Zip Code	
	kolleen.cobb@feci.com		
	E-mail address: (to be	used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
r further info	rmation concerning this matter, please cal	II:	
Jessica	n Perez	305 520-2366 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	g Address:	Street Address:	
Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810	
i di idi	112 220 ( )	Tallahassee. FL 32303	
	ed is a check for the following amount:	A DENERALE AT OF A PE	
	make check payable to: FLORIDA DEP 5.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee,	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting dusiness in r	lorida. The alternate name must include "Limited Liability Con	npany, "L.L.C. or "t.f.
Delaware		3	
(Jurisdiction under the law of which foreign limited liability company is organize		3. (FEI number, if applic	ableı
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty liability)	
700 NW 1st Avenue, Suite 1620 700 NW 1st Avenue,		700 NW 1st Avenue, Suite 1620	
eet Address of Principal Office)		6. (Mailing Address)	
Miami, FL 33136		Miami. FL 33136	(1) (1) (1)
•	<del></del> _	-	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	·
			,
	Kolleen O.P. Cobb, Esq.		<i>L</i> ,
Nama-	Konceit O.r., Cobo, Esq.		
Name:	<u> </u>	<del></del>	
	700 NW 1st Avenue, Suite 1620		
Name: Office Address:	<u> </u>		
	<u> </u>	33136 Florida	

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:	<b>Title or Capacity:</b>	Name and Address:	
□Manager	Name: Christopher J. Sutton	□Manager	Name: Mauricio Anderson	
□Member	Address:	□Member	Address: 700 NW 1st Avenue	
□Authorized	Suite 1620	□Authorized	Suite 1620	
Person	Miami, FL 33136	Person	Miami, FL 33136	
Other P	Other	■Other	□Other	
□Manager	Name: Kolleen Cobb	□Manager	Name:	
□Member	Address: 700 NW 1st Avenue	□Member	Address:	
□Authorized	Suite 1620	□Authorized	Suite 1620	
Person	Miami, FL 33136	Person	Miami, FL 33136	
■Other		<b>■</b> Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Suite 1620	□Authorized		
Person	Miami, FL 33136	Person		
■Other_VP, T, AS	Other	□Other	□Other	

<u>Important Notice</u>: 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.

Aspral		
-V atcare	Signature of an authorized person	
Kolleen O.P. Cobb,	Vice President	
	Exped or printed name of saunce	



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

DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 41 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 ELEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUNTYLINE BUILDING 41 LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2023.

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



Authentication: 202469322

Date: 01-11-23

7226050 8300 SR# 20230096728