orida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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(((H110001387713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

**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 1331 Prudential Holdings Manager, LLC

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Electronic Filing Menu

Corporate Filing Menu

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N. Culligan MAY 25 2

COVER LETTER

BJECT: _	331 Prudential Holdings Manag		
•		Name of Limited Liability Company	
enclosed '	Application by Foreign Limited	Liability Company for Authorization to Transact Business in Florida,"	Certific
		the above referenced foreign limited liability company to transact busing	33 m r
ise return a	Ill correspondence concerning th	is matter to the following:	
•	Deborah L. Walker		
		Name of Person	
		•	
	Sutherland Asbill & Brennan		
		l'im/Company	
	999 Peachtree Street, N.E.		
,		Address	
•	Atlanta, GA 30309-3996	The state of the s	,
		City/State and Zip Code	
•	deborah.walker@sutherland.co	om ,	
	E-mail addres	ss: (to be used for future annual report notification)	
arther info	nnation concerning this matter, ;	please call:	
Debora	h L. Walker	#1 (404) 407-5080	
	Name of Person	Area Code & Daytime Telephone Number	
	ING ADDRESS:	STREET ADDRESS: Division of Corporations	
Registr	on of Corporations ation Section	Registration Section	
	ox 6327	Clifton Building	
I elleja	35500, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBBLITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Con	mpany; must include "Limited Liability Company," "L.L.C.," or "LLC	(,,,,)
If name unavailable, enter alternate name adoptonsent of the managers or managing members Company," "L.L.C," "LLC.")	oted for the purpose of transacting business in Florida and attach a copudopting the alternate name. The alternate name must include "Limite	y of the writt d Liability
Delaware	3. 45-2042492	
(Jurisdiction under the law of which foreign I company is organized)	limited liability (FEI number, if applicable)	 .
April 25, 2011	5 Perpetual	
(Date of Organization)	(Duration: Year limited liability company will co	age to
		. ==
(Date first transactor	d business in Florida, if prior to registration.) 1 & 608.502 F.S. to determine penalty liability)	MAY 24
c/o BlueShore Investments & Management L	LLC.	
480 Tommy Aaron Drive, Gainesville, GA 30		*
	(Street Address of Principal Office)	8
If limited liability company is a manage	ger-managed company, check here 🔀	22
The name and usual business addresse	es of the managing members or managers are as follows:	
c/o BlueShore Investments & Management L	.L.C.	·
480 Tommy Aaron Drive, Gainesville, GA 3	0506 Attention Charles A. Bray	· ·
	o more than 90 days old, duly authenticated by the official having custody d. (A photocopy is not exceptable. If the certificate is in a foreign language for must be submitted.)	
Nature of business or purposes to be o	conducted or promoted in Florida: Holding Real Estate	
Cha	both Box	 '
Signature of a mer	imber or an authorized representative of a member.	
(1	(3), P.S., the execution-of this document conscitutes an affirmation under the	

Charles A. Bray, Authorized Representative of Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1331 Prudential Holdings Manager, 1	rrc	·
If unavailable, the alternate to b	be used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office are:	***************************************
Omo		HAY
C T Corporation S	(Name)	- 21
1200 South Pine Is	land Road	至
	ida Street Address (P.O. Box NOT ACCEPTABLE)	<u> </u>
Flor		22
Flor Plantation	FL 33324	N

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By:

(Signature)

Danny Verdecchia, Jr. Asst. Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DACE

The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "1331 PRUDENTIAL HOLDINGS MANAGER, 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 NINETEENTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4973262 8300

110575574

You may verify this certificate coline

AUTHENTY CATION: 877.3630

 \sim

DATE: 05-19-11