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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : PCA000000023

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.

Foreign Limited Liability Company WAYPOINT CYPRESS OWNER, LLC

Certificate of Status	1
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Please return	all correspondence concernir	ng this matter to ti	ic following:		•
	Candice Carpenter			•	
)	ame of Person	· ···	
	Waypoint Residential				
	<u> </u>	,I	irm/Company		
•	3475 Piedmont Road, NE	I, Suite 1640		. '	•
	(Talandara yang sanggarang sanggarang sang	3 (111)	Address	1 57 65 52	
•	Atlanta, GA 30305				
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	ccarpenter@waypointresid	iontial.com			
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For further inf	brination concerning this mat	ter, please cail:			•
Cand	lice Carpenter		770	817-59	39
	Name of Person	Arc	a Code & Daytin		
MA'l	LING ADDRESS:	STRE	ET ADDRESS:		
Division of Corporations Registration Section			n of Corporation	1	
	iration Section Box 6327		ation Section Building		
	18880c, FL 32314	2661 E	xecutive Center (1356, FL 32301	Cirole	
Bnclosed is	check for the following	z amount:			
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FL457 - 12/03/2012 Working Klawer Ciction

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THIS STATE OF FLORIDA:

		he purpose of transacting business in		
consent of the managers or: Company," "L.L.C," "LL.C.	managing members adopting ")	g the alternate name. The alternate na	me must include "Limited Llability	1
Delaware		39-17133	31	EB (
(Jurisdiction under the late company is organized)	of which foreign limited li	lability (PEI numb	er, if applicable)	27
1/22/13		5. Perpetual	THE PROPERTY OF THE PROPERTY O	
	rgunization)	(Duration: Year limited exist or "perpetual")	liability company will cease ten	
Upon filing			<u> </u>	活
((Date first transacted businesses sections 608.501 & 608	ess in Florida, if prior to registration. .502 F.S. to determine penalty limbili))	
Three Pickwick Plaza, 4	th Floor	,		
Greenwich, CT 06830			 	
Crockwich, C1 Coaso	(Street	Address of Principal Office)		
TAIL A. J. St. S. Co.			71	
AS VIII dell Deticuit II	MINORIU IO O MIGHORPINI			
·	- , "	anaged company, check here		
•	- , "	he managing members or mana		
•	business addresses of the	- · · ·		
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The name and usual Waypoint Cypress Inve Three Pickwick Plaza, 4 Greenwich, CT 06830 Attached is an original cer jurisdiction under the law	business addresses of the store LP Ith Floor tificate of existence, no more	he managing members or mana than 90 days old, duly authenticated by	gers are as follows:	Ords in
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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.

The name of the Limited Liability Company is: Waypoint Cypress Owner, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the	Florida street address of the registered agent and office are:			
	C T Corporation System			
* , , , , , , , , , , , , , , , , , , , 	(Name)			
	1200 South Pine Island Road			
ı. 	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Plante	ntion 33324			
:	City/State/Zip			

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.

CT Corporation System

Display

Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PLOST - 12/03/2012 Walters Kilvary Online



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAYPOINT CYPRESS OWNER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND RAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2013.

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

5277994 8300

130201633

You may verify this certificate online at corp. delaware.gov/authyer.shimi

AUTHENTY CATION: 0228788

DATE: 02-20-13