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10/4/13

NAME: TAURUS VISTA CENTER GP LLC

TYPE OF FILING: APPLICATION

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RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



CR2E027 (9/10)

#### **COVER LETTER**

	egistration Section ivision of Corporations		•		
SUBJECT	Taurus Vista Center GP LLC				
SOMECI		Name of Limited Liability Company			
		ciability Company for Authorization to Transact Business in Florida, e above referenced foreign limited liability company to transact busi			
Please retu	rn all correspondence concerning this r	matter to the following:			
	Douglas MacLean				
	Name of Person				
	Armor Compliance				
		Firm/Company			
	22 Batterymarch Street				
		Address			
	Boston, MA 02109				
City/State and Zip Code					
	dmaclean@armorcompliance.com	m			
	E-mail address:	s: (to be used for future annual report notification)	•		
For further	information concerning this matter, ple	ease call:			
De	ouglas F. MacLean	617 350-5250 ·			
_	Name of Person	Area Code & Daytime Telephone Number	•		
Di <sup>o</sup> Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed :	is a check for the following amo \$125.00 Filing Fee \$\Bigcup \text{\$\bar{\text{\$\sigma}}\$} \text{\$\text{\$\sigma}\$} \text{\$\text{\$\cong Certificate o}\$}	ing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Co			

## 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 RUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T Taurus Vista Center GP LLC	THE STATE OF FLORIDA:
	clude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	pose of transacting business in Florida and attach a copy of the written itemate name. The alternate name must include "Limited Liability
2 Delaware	3. 46-3794106
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 25, 2013	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5	
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) .S. to determine penalty liability)
7. 22 Batterymarch Street, 6th Floor	
Boston, MA 02109	
(Street Addre	ss of Principal Office)
3. If limited liability company is a manager-manage	d company, check here
). The name and usual business addresses of the ma	inaging members or managers are as follows:
Taurus Investment Holdings, LLC	
22 Batterymarch Street, 6th Floor	
Boston, MA 02109	
O. Attached is an original certificate of existence, no more than 9 rejurisdiction under the law of which it is organized. (A photocranslation of the certificate under oath of the translator must be sa	00 days old, duly authenticated by the official having custody of records in opy is not acceptable. If the certificate is in a foreign language, a lbmitted.)
1. Nature of business or purposes to be conducted of	or promoted in Florida: To serve as the general
partner of a limited partnership that owns real estate and an	y other lawful activity under applicable law.
Douges J. n	Mar Jean, AUTHVILIZED PININ
	uthorized representative of a member.
penalties of perjury that the facts stated herein are to	ecution of this document constitutes an affirmation under the rue. I am aware that any false information submitted in a es a third degree felony as provided for in s.817.155, F.S.)
Douglas F. MacLean	er - mine degree terony as provided tot in s.et (, 1.93, 1.93)
Typed or printe	d 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.

1. The name of the I	imited Liability Company is:				
Taurus Vista Center GP 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:				
	NRAI Services, Inc.				
	(Name)				
	1200 South Pine Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Planta	rition FL 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.

By: Willean I- De Morroly
(Signature)

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

# Delaware

PAGE

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TAURUS VISTA CENTER GP 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 THIRD DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAURUS VISTA CENTER GP LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2013.

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

5405056 8300

131160873

DATE: 10-03-13

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

Jeffrey W. Bullock, Secretary of State