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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:

: C T CORPORATION SYSTEM Account Name

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

**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 Southaven Land Associates LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:					
1 Southaven Land Associates LLC					
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
	1d				
(If name unavailable, enter attenuate name adopted for the purpose of transacting business in Piorida. The slicresse name must include "Limitability Company," "L.L.C," or "LLC.")	1000				
, Delaware					
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	•				
4. Upon Filing (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.E. to determine panelty liability)	,				
and the control of th					
s. 2800 Post Oak Blvd., Ste. 4800	<u>-</u>				
Houston, Texas 77056					
(Street Address of Principal Office)	. •				
6 2800 Post Oak Blvd., Ste. 4800					
Houston, Texas 77056					
(Malling Address)	- GE				
P. T.	ئىز 1				
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	. on				
Hines Interests Limited Partnership, managing member	_ ==				
2800 Post Oak Blvd., Ste. 4800	ရာ ျွ				
	FN9				
Houston, Texas 77056	-				
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	licial				
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the tran	alator				
must be submitted)					
Maris					
1 Clestille					
Signature of an authorized person. (In accordance with section 603.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjusy that the faces stated harein are true. I					
am sware that my fittee information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817,135, F.S.)					
Tracie Speller					
Typed or printed name of signee					

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, ti	ne alternate to be used	in the state of Florida is:			
2. The name and	d the Florida street add	dress of the registered agent and office are;		-	
	C T Corporation System				
		(Name)	TA TAKE		
	1200 South Pine Island Road				
Florida Street Address (P.O. Box NOT ACCEPTABLE)			I O	, ,	
	Plantation	րը 33324	řije Marie	Time.	ų t
		City/State/Zip	- 33		· · ·

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 605, Florida Statutes.

By:	CT Corporation System	4	Howard L. Volz
	(S	ignature)	Howard L. Volz
			Asst. Secretary
	\$ 100.	00 Fi	ling Fee for Application
	\$ 25.	00 De	signation of Registered Agent
	\$ 30.	00 Co	ertified Copy (optional)
	9 5	በስ ብ	ertificate of Status (antional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHAVEN LAND ASSOCIATES 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 SIXTH DAY OF JUNE, A.D. 2014.

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

TION: 1431453

DATE: 06-06-14