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> Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)222-1092 Phone

the email address for this business entity to be used for future mual report mailings. Enter only one email address please. **

: (850)876-5368

Email Address:

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To:

Foreign Limited Liability Company Deancurt Tallahassee II LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

BURNECT: Deancurt Tallahassee II LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Denise M. Boucher

Name of Person

Aspen Square Management, Inc.

Firm/Company

380 Union St., Suite 300

Address

West Springfield, MA 01089

City/State and Zip Code

Denise Boucher@aspensquare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Boucher

.,413

439-6318

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Tallahassee, FL 32301

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Enclosed is a check for the following amount:

S125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy ☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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Dean F. Curtis, President of Deancurt Realty Group Inc.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0) 13 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.

1. The name of the Limited Liability C	ompany is:	
Deancurt Tallahasee I	ILLC	
If unavailable, the alternate to be used i	n the state of Florida is:	
2. The name and the Florida street add	ress of the registered agent and office are:	
CT Corporati	on System	SECRE /ISION
<u></u>	(Name)	
1200 South f	Pine Island Road	- CONT
Florida Stree	n Address (P.O. Box NOT ACCEPTABLE)	GRAITA
Plantation	FL 33324	ATTONS 3: 27
	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 605. Florida Statutes.

Connie By (Signature)

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

Delaware

DAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DEANCURT TALLAHASSEE II 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 FIFTH DAY OF DECEMBER, A.D. 2014.

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

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You may varify this certificate onli-

Jeffrey W. Bullock, Secretary of State

DATE: 12-05-14