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## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000000023 : (850)205-8842 Phone 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 Waterford Multifamily Orlando GP, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu



#### COVER LETTER

TO: Registration Section
Division of Corporations

... Waterford Multifamily Orlando GP, L.L.C.

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:

David Andrew Van Buskirk						
Nune of Persun						
Van Buskirk, PC						
Firm/Company						
5302 La Branch St.						
Address						
Houston, TX 77004						
City/State and Zip Code						
andy@vblawoffice.com						
E-mail address: (to be used for future annual report notification)						

For further information concerning this matter, please call:

**Brittany Crawford** 

713 526-980

Name of Contact Person

ode Daytimo Tulephone Numbe

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Ft. 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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

	ast Include "Limited Limbility Company," "L.L.C.," or "LUC.")
If name unavailable, enter altomate name adopted for the purp Liability Company," "LLC," or "LLC.")	ose of transacting business in Florida. The alternate name must include "Limited
2. Delaware	<sub>3.</sub> 47-3499188
(Jurisdiction under the law of which foreign limited fiability company is organized)	(FEI number, if applicable)
ı. N/A	
(Date first transacted bus (See sections 603,0904 & 60	iness in Florida, If order to registration.) 05.0905, F.S. to determine possity liability)
3, 3625 Dufferin Street, Suite 5	00
Toronto, Ontario, Canada, M3K1N4	
(Sirver	Address of frincipal Office)
5, 3625 Dufferin Street, Suite 50	00
Toronto, Ontario, Canada, M	3K1N4
	(Malling Address)
7. The name, title or capacity and address of the	ne person(s) who has/have authority to manage is/artis
Thomas Hofstedter, President	3625 Dufferin St., Suite 500, Toronto, Ontar
<del></del>	Canada, M3K1N4
Larry Froom, Vice President	3625 Dufferin St., Suite 500, Toronto, Ontar
	Canada, M3K1N4
aving custody of records in the jurisdiction und	e, no more than 90 days old, duly authenticated by the official der the law of which it is organized. (A photocopy is not usage, a translation of the certificate under oath of the translate
	<u> </u>
he accordance with section 605,0203, F.S. Alie execution of this docur	re of an authorized person ment constitutes an affirmation under the penalties of perjury that the facts stated herein are spartment of State constitutes a third degree falony as provided for in a 417.155, F.S.)
	on Buckirk Attornov in Fact

David Andrew Van Buskirk, Attorney in Fact

Typed or printed name of signec

# 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 unavailab	ole, the alternate to be used in	the state of Fiorida is:			
2. The nam	e and the Florida street addr	ess of the registered agent and office are:			
	CT Corporation	on System			
	<del></del>	(Name)			·
	1200 South Pine Island Road			5 MAR	* #2 <sub>2</sub> .
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)		$\sim$	Marie Ma Marie Marie Ma
	Plantation	<sub>FL</sub> 33324		<b>⊉</b>	TRategori Survice
		City/State/Zip		3 144	
liability com registered a statutes rela	pany at the place designated gent and agree to act in this t ting to the proper and compl	and to accept service of process for the about in this certificate, I hereby accept the apportancity. I further agree to comply with the ete performance of my duties, and I am fames egistered agent as provided for in Chapter	intment as 🍜 provisions of all illiar with and	წ: 39	
Statutes.		Jayna Nickel			

\$ 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 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERFORD MULTIFAMILY ORLANDO GP, L.L.C." 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2015.

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

15 MAR 25 AM 8: 39

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You may varify this cortificate online at corp, delaware.gov/authvar.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 03-25-15