

M1800000 3866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

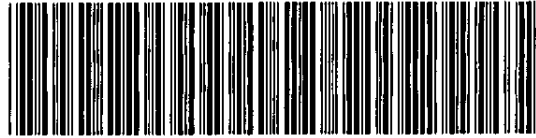
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 APR 20 AM 8:47

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10 APR 20 AM 10:48

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GENERAL INVESTIGATIVE
DIVISION

APR 23 2018

J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

****FILE FIRST****

ACCOUNT NO. : I20000000195
REFERENCE : 173304 7561881
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 130.00

ORDER DATE : April 19, 2018
ORDER TIME : 9:15 AM
ORDER NO. : 173304-020
CUSTOMER NO: 7561881

FOREIGN FILINGS

NAME: TUSCANY BAY MULTI-FAMILY
HOLDING (GP) LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

~~CERTIFIED COPY~~
~~PLAIN STAMPED COPY~~
~~CERTIFICATE OF GOOD STANDING~~

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

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

1. Tuscany Bay Multi-Family Holding (GP) LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-5189839
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12065 Tuscany Bay Drive 6. P. O. Box 1890, Station B
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33626 Mississauga, ON L4Y 3W6

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
 Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
 Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Daniel Drimmer</u> <u>P. O. Box 1890, Station B</u> <u>Mississauga, ON L4Y 3W6</u>	<u>CFO</u>	<u>Martin Liddell</u> <u>P. O. Box 1890, Station B</u> <u>Mississauga, ON L4Y 3W6</u>
<u>President/Treasurer</u>	<u>Evan Kirsh</u> <u>P. O. Box 1890, Station B</u> <u>Mississauga, ON L4Y 3W6</u>	<u>Secretary</u>	<u>David Hanick</u> <u>P. O. Box 1890, Station B</u> <u>Mississauga, ON L4Y 3W6</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

E. Kirsh
Signature of an authorized person

Evan Kirsh, President
Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUSCANY BAY MULTI-FAMILY HOLDING (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 NINETEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUSCANY BAY MULTI-FAMILY HOLDING (GP) LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6843108 8300

SR# 20182851301

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202545047

Date: 04-19-18