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(Re	equestor's Name)		
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 PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 368611 4983A
AUTHORIZATION: Spulleleman
COST LIMIT : \$ 155.00
ORDER DATE : November 6, 2014
ORDER TIME : 4:39 PM
ORDER NO. : 368611-020
CUSTOMER NO: 4983A
FOREIGN FILINGS
NAME: AB MERION II TUSCANY, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935
EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	AB Merion II Tuscany, LLC				
	Name of Limited Liability Company				
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate c, and check are submitted to register the above referenced foreign limited liability company to transact business in Plorid				
Please re	eum all correspondence concerning this matter to the following:				
	Richard Kwait				
	Name of Person				
	AB Merion II Tuscany, LLC				
	Firm/Company				
	308 E. Lancaster Avenue, Suite 300				
•	Address				
	Wynnewood, PA 19096				
	City/State and Zip Code				
	·				
	E-mail address: (to be used for future annual report notification)				
ros turti	ner information concerning this matter, please call:				
	Richard Kwait Name of Contact Person Area Code Area Code Daytime Telephone Number				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahnssee, FL 32314 CIFTON Building Tallahassee, FL 3230) STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230)				
Enclos	ed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

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. AB Merion II Tuscany, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")
(value of roteign climics climbing company, mass member climbing company, and a second
(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.} 47-2155167
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon Filing
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 308 E. Lancaster Avenue, Suite 300
Wynnewood, PA 19096.
(Street Address of Principal Office)
6. Same as above
•
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
AB Merion Holdings Portfolio, L.P., its sole member
308 E. Lancaster Avenue, Suite 300
Wynnewood PA 19096
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 a \$17,155, F.S.)
Richard Kwait

Typed or printed name of signee

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.

lf unavailab	le, the alternate to be used in	the state of Florida is:	· -
2. The nam	e and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Comp	pan y	
		(Name)	_
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_
	Tallahassee	32301 FL	
	······································	City/State/Zip	_
liability con registered a statutes rela	npony at the place designated agent and agree to act in this a ating to the proper and compli	and to accept service of process for the above in this certificate, I hereby accept the appoin capacity. I further agree to comply with the p lete performance of my duties, and I am famil registered agent as provided for in Chapter 6	ntment as provisions of a iar with and

orporation Starvice Company

Y: Maletan Denue Soul

(Signature)

Statutes.

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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "AB MERION II TUSCANY, 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 NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AB MERION II TUSCANY, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER,

A.D. 2014.

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

5626962 8300

141381501

jeffrey W Bullock. Secretary of State

AUTHENTY CATION: 1843300

DATE: 11-06-14

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