

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA/FOREIGN LP/LLLP Enclave At Northwood, L.P.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

A. LUNT

JUN 19 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

TO TRANSACT BUS  1 Enclave At Northwood, L.P.	iness in florida
(Name of Limited Partnership or Limited Liability Lim Acceptable Limited Partnership suffixes: Limited Partnership, Limi Acceptable Limited Liability Limited Partnership suffixes: Limited	ited, L.P., LP, or Ltd.
If name unavailable, name under which the limited partnership or is business in Florida; must describe the state of the st	
<sub>2.</sub> Delaware	<sub>3.</sub> June 1, 2012
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 45-5419256	
5. Name of Registered Agent for Service of Process and Florida	Street Address:
B&C Corporate Services of Central Florida, Inc.	
390 North Orange Avenue, Suite 1400	AHASSE SERVICE
Orlando, Florida 32801	Since 2
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent. BSC CORPORATE SERVICES  By:  Signature of Re Title: Vice President 7. Principal Office: 8. Mai 2001 Summit Park Drive, Suite 300	f my duties, and I am familiar with and accept the obligations of OF CENTRAL FLORIDA, INC.
Orlando, Florida 32810	
Charles, Florida Szoro	
9. If limited partnership is a limited liability limited partnership	o, check box .
10. Name, principal office address, and mailing address of each	general partner:
Name of General Partner: Enclave Northwood GP, LLC	Name of General Partner:
Street Address: 2001 Summit Park Drive, Suite 300	
Orlando, Florida 32810	
Mailing Address:	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_

Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the		
Florida Department of State, by the Secretary of State or other official	having custody of the entity's records in the jurisdiction under	
Signed this	12 85 8 6	
the law of which it is organized.  Signed this day of June		
The individual signing this document affirm that the facts stated herei submitted in a document to the Department of State constitutes a third		

Page 2 of 2

\$8.75

\$1,000.00 (\$965 Piling Fee and \$35 Registered Agent Fee) \$52.50

Filing Fees: Certified Copy (optional); Certificate of Status (optional);

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCLAVE AT NORTHWOOD, L.P." 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 FOURTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCLAVE AT NORTHWOOD, L.P." WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2012.

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

5163784 8300

120697939

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

Jeffrey W. Bullock, Secretary of State

UTHENTY CATION: 9614349

DATE: 06-04-12