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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone 1 (850)222-1092

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:

FLORIDA/FOREIGN LP/LLLP Sun Heartland, LP

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D. BRUCE

AUG 20 2012

EXAMINER

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/17/2012

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1, SUN HEARTLAND, LP		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)		
2. DELAWARE 3. 8-9-2012	_	
2. DELAVVARE 3. 8-9-2012 (State or Country of Formation) (Date of Formation)	-	
4. CT CORPORATION SYSTEM		
(Name of Registered Agent for Service of Process)	•	
5, 1200 SOUTH PINE ISLAND ROAD	_	
(Florida street address for Registered Agent)	₩., -	
PLANTATION, FL 33324	ALEC ALEC	_
6. 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 an accept the obligations of my position as registered agent.	ARY ASSI	FILE FILE FILE FILE FILE FILE FILE FILE
James M. Halpin Signature of Registered Agenistant Secretary	AN II: 22 OF STATE OF, FLORID	,
7. 5200 TOWN CENTER CIRCLE, SUITE 600	Ī*	
(Principal office address)	•	
BOCA RATON, FL 33486	_	
8. If limited partnership is a limited liability limited partnership, check box		

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9. 5200 TOWN CENTER CIRC	LE, SUITE 600 (ailing address)	_	
BOCA RATON, FL 33486	iminis auditoss)		
10. Name, principal office address, and	d mailing address of each general partner:	_	
SUN HOLDINGS V, LLC	5200 TOWN CENTER CIRCL	_E	
(Name)	SUITE 600 (Street Address)	_	
	BOCA RATON, FL 33486	_	
	(Mailiug Address)	-	
(Name)	(Street Address)	- -	
	(Mailing Address)	- -	. •
(Name)	(Street Address)	12 AUG 17 SECRETAR TALLAHASS	<u>حر</u> ص
	(Mailing Address)	ARY OF STATES	
(Name)	(Street Address)	INTE DRIDA	ఎ ఎ
	(Mailing Address)	-	

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12 AUG 17 AH 11: 22

(Name)			(Street Address)	
			(Mailing Address)	
(Ni	ame)		(Street Address)	
			(Mailing Address)	
			(Maining Vooriess)	
11. Effective date, if a	other than the date of fil	ing:	,	
(Effective date car filed by the Florid	nnot be prior to nor la Department of Sta	more than 90 da ste.)	ys after the date this document is	
to the delivery of t	this application to the	ie Florida Depart	cated, not more than 90 days prior tment of State, by the Secretary or cords in the jurisdiction under the	
Signed this(Oth day of	August		
Signature of a gen By: Sun Holding V. 1	McComba	y —		
Michael J. McConver	y, Vice President	•		

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\$52.50 \$8.75

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

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN HEARTLAND, LP" 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 TENTE DAY OF AUGUST, A.D. 2012.

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

5196621 8300

120926127

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

ADTHENTY CATION: 9773195

DATE: 08-10-12