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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmiller@elrhinvestments.com

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FLORIDA/FOREIGN LP/LLLP

The Vue at Baymeadows LP

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

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S Warren

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

1. The Vue at Baymeadows 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
State or Country of Formation

3. 12-08-2016
Date of Formation

4. Federal Employer Identification Number: 81-4652113

5. Name of Registered Agent for Service of Process and Florida Street Address:
Kristi King, Robbins Property Associates
4890 W. Kennedy Blvd., Suite 240
Tampa, FL 33609

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 and accept the obligations of my position as registered agent.*

Signature of Registered Agent

7. Principal Office:
c/o American Landmark II LLC
11911 US Highway 1, Suite 204
North Palm Beach, FL 33408

8. Mailing Address:
c/o American Landmark II LLC
11911 US Highway 1, Suite 204
North Palm Beach, FL 33408

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: EMF Baymeadows Management LLC
Street Address: 11911 US Highway 1, Suite 204
North Palm Beach, FL 33408
Mailing Address: 11911 US Highway 1, Suite 204
North Palm Beach, FL 33408

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

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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 the law of which it is organized.

Signed this 17 day of Feb, 20 17

_____

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE VUE AT BAYMEADOWS 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 TENTH DAY OF FEBRUARY, A.D. 2017.

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

6243204 8300

SR# 20170795963

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

Authentication: 202016232

Date: 02-10-17