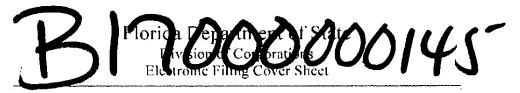
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Division of Corporations

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(((H17000153062 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722

: (898)491-1120 Phone 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

FLORIDA/FOREIGN LP/LLLP RESERVE AT LAKE IRENE LP

| Certificate of Status | 1 |
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OIBIMMONS JUN 1 3 2017

H17000153062

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

| , RESERVE AT LAKE IRENE LP | | |
|--|---|--|
| (Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lin | Limited, L.P., LP, or Ltd. | |
| • | p or limited liability limited partnership proposes to register to transact nust contain acceptable suffix. | |
| 2. Delaware | 3, May 10, 2017 | |
| State or Country of Formation | Date of Formation | |
| 4. Federal Employer Identification Number: 82-164535 | 88 | |
| 5. Name of Registered Agent for Service of Process and Flo James G. Miller | rkia Street Address: | |
| 4890 W Kennedy Blvd., #240 | | |
| Tampa, FL 33609 | | |
| of all statutes relative to the proper and complete performa my position as registered agent. | ree to act in this capacity. I further agree to comply with the provisions nee of my duties, and I am familiar with and accept the obligations of of Registered Agent | |
| ,- <i>,</i> - | 5. Mailing Address: | |
| c/o American Landmark II LL | c/o American Landmark II LLC | |
| 11911 US Highway 1, Suite 204 | 11911 US Highway 1, Suite 204 | |
| North Palm Beach, FL 33408 | lorth Palm Beach, FL 33408 | |
| 9. If limited partnership is a limited liability limited partne | ership, check box . | |
| 10. Name, principal office address, and mailing address of | each general partner: | |
| Name of General Panner: Reserve at Lake Irone GP | LLC Name of General Partner: | |
| Street Address: 11911 US Highway 1, Suite | 204 Street Address: | |
| North Pálm Beach, FL 33- | 408 | |
| Melling Address 11911 US Highway 1, Suite | 204 Mailing Address: | |
| North Palm Beach, FL 33 | | |
| Name of General Purtner: | Name of General Partner: | |
| Street Address: | Street Address: | |
| Mailing Address: | Mailing Address: | |

| | | | | H17000153062 |
|--|---|-------------------------|--|---|
| Name of General F | artner: | P | age 1 of 2 Name of General Pa | artner: |
| Street Address: | | | | " |
| | | | | |
| 12, Attached is a cortifi | cate of existence duly State, by the Secretary | authenticated, not n | nore than 90 days prior to | led by the Florida Department of State.) o the delivery of this application to the the entity's records in the jurisdiction under |
| Signed this12t | h day of | June Prespyr AT-17 | ,20 <u>17</u> Ke irene gp llc | e. |
| | ву; | RESERVE AT LA | INE INEIVED EEC | ·· ••• |
| | 70 | • | | |
| | ny:, | Joseph G. Lifeck, | authorized person | |
| The individual signing submitted in a documen | this document affirm (| that the facts stated f | withorized person herein are true and the in third degree folony os pr | dividual is aware that false information rovided for in s.817.155, F.S. |

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16.

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RESERVE AT LAKE IRENE 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 ELEVENTH DAY OF MAY, A.D. 2017.

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

6406550 8300 SR# 20173350414

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

Joshing SV Statutes Successing of State

Authentication: 202522052

Date: 05-11-17