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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LP/LLLP
NORTHGREEN AT CARROLLWOOD LP

Certificate of Status	1
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. NORTHGREEN AT CARROLLWOOD 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. August 15, 2017
Date of Formation

4. Federal Employer Identification Number 82-2487308

5. Name of Registered Agent for Service of Process and Florida Street Address:

Joseph G. Lubeck
11911 US Highway 1, Suite 204
North Palm Beach, FL 33408

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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: Northgreen at Carrollwood GP 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 15th day of August, 20 17.

By: NORTHGREEN AT CARROLLWOOD GP LLC

By: _____
Joseph G. Lubeck, authorized person

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)
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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHGREEN AT CARROLLWOOD 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 FIFTEENTH DAY OF AUGUST, A.D. 2017.

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

4699328 8300

SR# 20175732237

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

Authentication: 203061794

Date: 08-15-17

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