

Division of Corporations

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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 : GREENSPON KARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1130
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: jmillier@clrhinvestments.com

**FLORIDA/FOREIGN LP/LLLP
NORTHGREEN AT CARROLLWOOD LP**

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

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Corporate Filing Menu

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H17000216961

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA1. 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., L.P., or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P., or L.L.P.

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

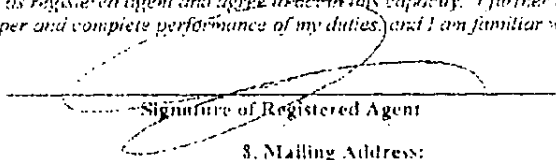
State or Country of Formation

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. Lubeck11911 US Highway 1, Suite 204North Palm Beach, FL 334086. 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 LLC11911 US Highway 1, Suite 204North Palm Beach, FL 33408

8. Mailing Address:

c/o American Landmark II LLC11911 US Highway 1, Suite 204North 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

Name of General Partner: _____

Street Address: 11911 US Highway 1, Suite 204

Street Address: _____

North Palm Beach, FL 33408Mailing Address: 11911 US Highway 1, Suite 204

Mailing Address: _____

North Palm Beach, FL 33408

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing 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, 2017
By: NORTHGREEN AT CARROLLWOOD GP LLC
By: Joseph G. Lubbeck 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)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203061794

Date: 08-15-17

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