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FOREIGN LIMITED LIABILITY COMPANY

Patrick Family Housing, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$130.00		

SECRETARY OF STATE TALLARY SEES, FLOSSON

JB 1303

2 . 2

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Patrick Family Housing, LLC (Name of foreign limited liability company)

Delaware	3.	38-3681879
(Juristiction under the law of which foreign limited company is organized)	liability	(FEI number, if applicable)
03/28/02	5.	Perpetual
(Date of Organization)	— "·	(Duration: Year limited liability company will cease to exist or "perpetual")
June 1, 2003		
	orida (See see	tions 608.501, 608.502, and 817.155, F.S.)
200 Pratt Street	·	
Meriden, CT 06450		
(Sue	er address of p	rincipal office)
If limited liability company is a manager-r		umany sharishors 🗔
it ittined traditità combanà is a managet-c	nanaken cor	npany, check here
The usual business addresses of the manag	ring member	rs or managers are as follows:
200 Fratt Street	3-8	3-4-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2
200 FIRST Street		
Meriden, CT 06450		
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The state of the last of the first of the fi	Te man 'N cay	old, duly authenticated by the official having custody of recor
relation of the continues under onth of the translation m	ipidocopyis)	not acceptable. If the certificate is in a foreign language, a
	PROFILE SERVICE	"
Nature of the state of the stat		ny REF
. Nature of business or purposes to be come	ducted or pro	moted in Florida:
Real Estate Development		
0111		
SATE	A STATE OF THE PARTY OF THE PAR	
Signature of a member	or an author	ized representative of a member.
Ma	0.450/45 75	at execution of this document constitutes

Salvatore R. Carabetta, Managing Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited I				
2. The name			of the registered ager	at and office are:	
	CT Corporation	ı System			
			(Name)		
	e/o C T Corpora	tion System, 1200	South Pine Island Roze	<u> </u>	Z.S.
Florida street address (P.O. Box NOT ACCEPTABLE)				SPTABLE)	
					TSE.
	Plantation		FL 33324		
			City/State/Zip		
liability comp agent and ag relating to th	pany at the place d ree to act in this c re proper and comp	esignated in thi apacity. I furth olete performan	s certificate, I hereby er agree to comply wi	cess for the above stated lin accept the appointment as th the provisions of all stat am familiar with and accep apter 608, F.S.	registered tutes
XCE	ion System (Signature	SPI	<u>Laure</u> n H. Kre. Eciai assistant sp		
		\$ 100.00 \$ 25.00 \$ 30.80	Designation of Re	egistered Agent ptional)	

PAGE 1

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATRICK FAMILY HOUSING, LLC" 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 TWELFTH DAY OF JUNE, A.D. 2003.

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

3507824 8300

030388720

Warriet Smith Hinden Harrier Smith Windsor, Secretary of State

AUTHENTICATION: 2468840

DATE: 06-12-03