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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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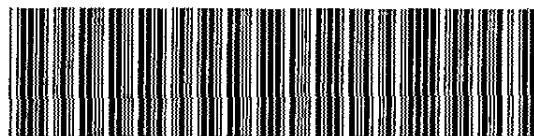
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF
TALLAHASSEE, FLORIDA

RECEIVED
03 JUL 11 PM 12:47
DIVISION OF CORPORATION

BRL



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 161707 128671A

AUTHORIZATION :

COST LIMIT : \$ 160.00

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JUL 11 PM 3:03
TALLAHASSEE, FLORIDA

ORDER DATE : July 8, 2003

ORDER TIME : 11:17 AM

ORDER NO. : 161707-030

CUSTOMER NO: 128671A

CUSTOMER: Ms. Mireya Koger
Levine & Partners, P.a.
7th Floor
1110 Brickell Avenue
Miami, FL 33131

FOREIGN FILINGS

NAME: AUTUMN PINES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

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03 JUL 11 PM 3:03
STATE
TALLAHASSEE
FLORIDA

1. AUTUMN PINES, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. applied for
(FEI number, if applicable)
4. July 9, 2003
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3250 Mary Street, Suite 306, Miami, Florida 33133
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Autumn Pines Management, Inc., a Delaware corporation
3250 Mary Street, Suite 306, Miami, Florida 33133

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

ownership of rental apartment complex

X Autumn Pines Management, Inc.
By: Paul C. Steinfurth (Paul C. Steinfurth, President)

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul C. Steinfurth, President
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.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company is:

AUTUMN PINES, LLC, a Delaware limited liability company

2. The name and the Florida street address of the registered agent and office are:

Paul C. Steinfurth

(Name)

3250 Mary Street, Suite 306

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami

FL

33133

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



(Signature)

Paul C. Steinfurth.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

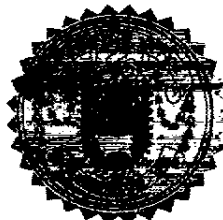
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTUMN PINES, 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 NINTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTUMN PINES, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3679450 8300

AUTHENTICATION: 2517618

030450029

DATE: 07-09-03

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03 JUL 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA