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(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	s S
SUBJECT: Crosland Northpoin	
	(Name of Limited Liability Company)
The enclosed "Application by F Florida," Certificate of Existence liability company to transact bu	oreign Limited Liability Company for Authorization to Transact Business in e, and check are submitted to register the above referenced foreign limited siness in Florida
Please return all correspondence	concerning this matter to the following:
<u>c</u>	athleen Hardman
-	(Name of Person)
Crosland, Inc.	上
	(Firm/Company)
	SALE TO SEE THE SECOND
227 W. Trade St., Sui	te 800
	(Address)
Charlotte, NC	28202
	(City/State and Zip Code)
For further information concern	ing this matter, please call:
CATHLEEN HARDMAN	at (⁷⁰⁴) ⁵⁶¹⁻⁵²⁶³
(Name of	Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 323	Tallahassee, Florida 32314
Enclosed is a check for the follo	wing amount:
☐ \$125.00 Filing Fee ☐ 5	\$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



Tel 704.529.1166 Fax 704.523.7110

MISTAL 26 PM 1.26

Memo

To:

Florida Secretary of State - Corporations Division, Registration Section

From:

Melanie Mastalski Nullnui Mastalski

Date:

May 25, 2005

Re:

Florida Business

Enclosed are filing fees of \$160 and the following business registrations:

- 1. SR52 Old Pasco, LLC Articles of Organization for a new Florida LLC
- 2. Crosland Northpoint Village, LLC Application by Foreign LLC for Authorization to Transact Business in Florida.

If they meet your approval, please file and return the requested certified copies and certification of status documents to Cathleen Hardman as requested.

/mm

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

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

Crosland Northpoint Village, LLC	
(Name of Foreign Limited	d Liability Company)
NORTH CAROLINA	3. 20-2880194
Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)
May 19, 2005	5 Perpetual
(Date of Organization)	d Liability Company) 3. 20-2880194 (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in I (See sections 608.501 & 608.502 F	Florida, if prior to registration.)
227 W. Trade St., Suite 800, Charlotte, NC 28202	.s. to determine penalty hability)
(Street Addres	ss of Principal Office)
If limited liability company is a manager-manage	ed company, check here
The name and usual business addresses of the ma	anaging members or managers are as follows:
Crosland, Inc.	
227 W. Trade St., Suite 800	
Charlotte, NC 28202	
Onanotte, NO 20202	
	,
and Management	
Catter Haulen	
(In accordance with section 608.408(3),	authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
Cathleen Hardman, VP of Crosla	and, Inc., Manager
Typed or printe	ed 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 of the Limited Liability Company is:

Crosland Northpo	oint Village, LLC	<u> </u>
2. The name an	nd the Florida street address of the registered agent and office are	FILE
	Perry J. Reader	SST
	(Name)	
	5850 T.G. Lee Bivd., Suite 200	: 26 Coalle
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- Post
	Orlando, FL 32822 City/State/Zip	
	Chy/outor Esp	

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, Florida Statutes.

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CROSLAND NORTHPOINT VILLAGE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of May, 2005, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of May, 2005

Secretary of State

Claime I. Marshall