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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY OF THE STATE OF

WALK-IN

ENTITY NAME:

COLONY CROSSING SDM, LLC

CK# 1808

AMOUNT \$155.00

PLEASE FILE THE ATACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

___ CERTIFICATE OF STATUS

TRANSMITTAL LETTER

* -			
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TDANGME	TTAL LETTER	<i>2.5.</i> (TO SE
L KASA NOMEA	TIAL DELIER	7/5°	C. C.
TO: Registration Section		The state of the s	J 17
Division of Corporations	•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3 3
		: 'K	ું છું.
SUBJECT: COLONY CROSSING SDM, LLC			(10 mg)
(Name of Limite	xd Liability Company)		ADE.
The state of the s	ilita Campana fon dasthauimaí		*
The enclosed "Application by Foreign Limited Liabi Florida," Certificate of Existence, and check are subt	mitted to register the above r	eferenced foreign limited	111
liability company to transact business in Florida			
m I I I I I I I I I I I I I I I I I I I	te a the Fall and a		
Please return all correspondence concerning this mat	ter to the following:		
J. PAUL RAYMOND, ES		• .	
(Name	e of Person)		
MACFARLANE FERGUSON & MCMULLEN			
(Firm	n/Company)		
625 COURT STREET			
(<i>A</i>	Address)		
CLEARWATER, FLORIDA 33756			
(City/Stat	te and Zip Code)		-
For further information concerning this matter, please	ra opli:		
For further information concerning this matter, please	se can.		
J. PAUL RAYMOND, ESQ.	at (727- \ 441-8966		-
(Name of Person)	at (121-) 441-8906 (Area Code & Daytime 7	Felenhone Number)	5
(Italiic of I cisoli)	(Anoth Code de Day inne	elephone (vamour)	
STREET ADDRESS:	MAILING ADDRE		
Registration Section	Registration Section		
Division of Corporations	Division of Corpora	tions	
409 E. Gaines Street	P.O. Box 6327	20214	
Tallahassee, Florida 32399	Tallahassee, Florida	24214	
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee □ \$130.00 Filing Fee &	□\$155.00 Filing Fee & □ S	\$160.00 Filing Fee, Certificate	•
Certificate of S	-	of Status & Certified	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited	d Lla	bility Company)		
Delaware	3			
(Jurisdiction under the law of which foreign limited liability company is organized)	у	(FEI num	ber, if applicable)	
September 27, 2005	5.	Perpetual		
(Date of Organization)		(Duration: Year limited exist or "perpetual")	l liability company will cease to	
Upon qualification				
(Date first transacted business in (See sections 608.501 & 608.502 F	Flor F.S. t	ida, if prior to registration o determine penalty liabil	.} ity)	
1310 Belcher Drive, Terpon Springs, Florida 34689				
				
(Street Addre	ess o	Principal Office)		
3. If limited liability company is a manager-manag	ed o	company, check here	∑	
). The name and usual business addresses of the m	ana	ging members or man	agers are as follows:	
Julius J. Szabo, 1310 Belcher Drive, Tarpon Springs			_	
Julius J. Ozabo, 1910 Dejoner Diffe, 1819011 Springs	3, 11	onda 54055, Managing	tarctungt	
		·		-
10. Attached is an original certificate of existence, no more than	00.4	min old duly authorities and	butha afficial having autobe of	
the jurisdiction under the law of which it is organized. (A photo				DIUS 1
ranslation of the certificate under cath of the translator must be s	ndus	itted.)		
11. Nature of business or purposes to be conducted	d or	promoted in Florida:	Real Estate Investment	
				•
- Almi	_			٠.
fafte				_
Signature of a member of an	aut	horized representative	e of a member.	
(In accordance with section 508.408(3 an affirmation under the penalties of	perju	a., the execution of this doct ry that the facts stated hereit	nieni constitutes i are true.)	

J. Paul Raymond, authorized agent for Stella Del Mar, LLC, sole 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.

. The name of the Limited Liabilit	y Company is:	
COLONY CROSSING SDM, LLC		
2. The name and the Florida street a	address of the registered agent and office are:	
J. Paul Raymond		
	(Name)	-
625 Court Street, Su	uite 200	
Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
Clearwater	FL 33756	
	City/State/Zip	
Having been named as registered ag	ent and to accept service of process for the above stated limit	ted

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.

J. Paul Raymopti

J. Paul Raymond

(Signature

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLONY CROSSING SDM, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLONY CROSSING SDM, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2005.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4374299

DATE: 12-15-05

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