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Special Instructions t	o Filing C	fficer:	
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SECRETARY OF STATE

was some

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SeaGate Communities, LLC			
(Name of	Limited Liability Company)		
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Flori	are submitted to register the above referenced		
Please return all correspondence concerning the	his matter to the following:		
Heather A. Nicho	nie		
rication At Indian	(Name of Person)		
	(
Handler, Thayer & Duggan, LLC		4	
	(Firm/Company)	EC S	and a
191 N. Wacker Drive, Suite 2300	7 2 3	JUN 2	Anna anna B
	(Address)		
			O
Chicago, Illinois 60606		H: 36	
(Cit	ty/State and Zip Code)	To. 0	
For further information concerning this matter	r, please call:		
Heather A. Nichols	at (312) 641-2100		
(Name of Person)	(Area Code & Daytime Telephone	Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy



June 7, 2006

HEATHER A. NICHOLS HANDLER, THAYER & DUGGAN, LLC 191 N. WACKER DRIVE, SUITE 2300 CHICAGO, IL 60606

SUBJECT: SEAGATE COMMUNITIES, LLC

Ref. Number: W06000026079

We have received your document for SEAGATE COMMUNITIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the name of the manager in section 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 606A00039315

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:

SeaGate Communities	(Name of Foreign I	Limited Lia	bility Company)				
Alaska		2	20-3319666				
	w of which foreign limited I			mber, if appli	cable)		
August 15 2005	rganization)	5.	Perpetual (Duration: Year limit	ed liability co	mnany w	ill ceas	* to
(246 0. 0	rgamzanon,		exist or "perpetual")	od nabinty co.	inpuny w	III COAS	2 10
					7.		
	(Date first transacted busin See sections 608.501 & 608	ess in Flori	da, if prior to registration	on.) ility)	TEC C	9	
			determine penalty had		ARE	NOC	
185 Cypress Point Par	rkway, Palm Coast, Florid	da 32164			ASS.	<u>z</u>	711111111
					Y 01	0	
	(Street	Address of	Principal Office)		-	T	7
	·		•		LAND	÷	الميسونة ا
If limited liability co	ompany is a manager-m	anaged c	ompany, check here	V		ய	
		U	-		-i-	0	
The name and usual	business addresses of t	Ū	•	_	<⊏ s follov	vs:	
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Typed or printed name of signee

Robert J. Gazzoli

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
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SeaGate Communities,	LLC	

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

James Scott			₹s	~	
	(Name)			2007	
	· :		RET.	SE SE	0 #
185 Cypress Point Parkwa	ıy		TAR ASS	2	1
Florida Street	Address (P.O. Box NOT ACC	EPTABLE)		0	m
			S	U	
Palm Coast	FL 32164		25 25 25 25 25 25 25 25 25 25 25 25 25 2		
	City/State/Zip		— ⊙ mi	36	

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.

(Signature)

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

Alaska Entity # 95682

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Ecotoric Development of the State of Alaska, and custodian of corporation records for sate states that

SEAGATE COMMUNITIES, LLC

on the 15th day of August, 2005 filed in this office its Articles of Organization Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 25th day of May, 2006.

Julia onel

William C. Noll Commissioner

Certification Number: 121406-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp