

Mo7000003/52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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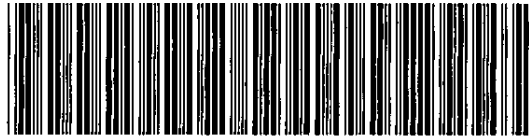
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SCHELL BRAY AYCOCK ABEL & LIVINGSTON PLLC

ATTORNEYS AND COUNSELLORS AT LAW

May 23, 2007

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336.370.8815

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APRIL E. KIGHT

**FEDERAL EXPRESS**

Florida Department of State  
Registration Section-Corporations Division  
2661 Executive Center  
Tallahassee, Florida 32301  
**Corporations Division**

Re: Application by Foreign LLC's for Authorization to Transact Business in Florida:  
**Fund Port St. Lucie AL, LLC**  
**Fund Port St. Lucie Villas, LLC**

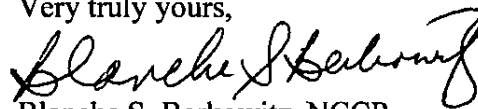
Dear Sir or Madam:

Enclosed please find the above-noted Applications to be filed in Florida.

Please file each, and return each certified copy to me. I have enclosed two checks, each in the amount of \$160.00 in payment of the filing, certified copy and certificate fee.

Please call me if you have any questions concerning this matter. Thank you for your assistance.

Very truly yours,

  
Blanche S. Berkowitz, NCCP  
Corporate Paralegal

/bsb

Enclosures

cc: Thomas P. Hockman

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FUND PORT ST. LUCIE AL, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Blanche S. Berkowitz, NCCP

(Name of Person)

Schell Bray Aycock Abel & Livingston PLLC

(Firm/Company)

230 N. Elm Street, Suite 1500

(Address)

Greensboro, NC 27401

(City/State and Zip Code)

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For further information concerning this matter, please call:

Blanche S. Berkowitz

(Name of Person)

at ( 336 ) 370-8815

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

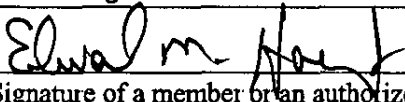
*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. FUND PORT ST. LUCIE AL, LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. May 21, 2007  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 300 N. Greene Street, Suite 1000, Greensboro, NC 27401  
(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:  
Steven D. Bell & Company, Manager  
300 N. Greene Street, Suite 1000, Greensboro, NC 27401

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: \_\_\_\_\_

Own, operate and manage real estate.

  
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.)  
Edward M. Harrington  
Typed or printed name of signee

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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUND PORT ST. LUCIE AL, 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 TWENTY-SECOND DAY OF MAY, A.D. 2007.

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5694716

DATE: 05-22-07

**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:

**FUND PORT ST. LUCIE AL, LLC**

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

**Tim Cook**

(Name)

**1825 Ridgewood Avenue**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Holly Hill**

**FL 32117**

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, 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)

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