

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000259895 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone (850) 222-1092

: (850)878-5926 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Crescent Multifamily Construction, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

CT CORP

8205554972

£0:91 200Z/61/01

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LEMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Creacent Multifamily Construction, LLC (Name of Foreign Limited Liability Company) 2 Delaware 3. Applied For (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Perpetual 4. October 16, 2007 (Duration: Year limited liability company will cease to axist or "perpetual") (Date of Organization) 6. NA (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 400 S. Tryon St., Sulte 1300 Charlotte, NC 28201 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Cresount Resources, LLC, Manager 400 S. Tryon St., Suite 1300 Charlotte, NC 28201 10. Attached in an original certificate of existence, no more than 90 days old, duly authenticated by the official having custify of month in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a funding language a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florids: Construction of multifamily and related real estate improvements. Signature of a member or an authorized representative of a member. (In secondance with section 608.40R(3), P.S., the currenties of this document constitutes

10/13/5007 15:03 85022761/01

ou affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Assistant Secreta

<u>Glogowski</u>

## 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.

CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Tip  TO SEC Of process for the above stated limited City company at the place designated in this certificate, I hereby accept the appointment agregistered agent and corporate to comply with the provisions of all statistics and to the proper and complete performance of my duties, and I am familiar with and accept the attons of my position as registered agent as provided for in Chapter 608, Florida Statutes  100  110  110  110  110  110  110  1	The manne whi	the Florida street addr	ress of the registered agent and	office are:	•
Plantation  Flavor and to accept service of process for the above stated limited in and agree to act in this capacity. I further agree to comply with the provisions of all staffles the to the proper and complete performance of my duties, and I am familiar with and accept the attent of my position as registered agent as provided for the Chapter 608, Florida Statutes.	_	CT Corporation Sys	tem		
Plantation  FL 33324  City/State/Tip  The place designated in this certificate, I hereby accept the appointment disregistered to act in this capacity. I further agree to comply with the provisions of all statistics of my duties, and I am familiar with and accept the	_		(Nume)		
Plantation  FI. 33324  City/State/Tip  SECURITY State/Tip  The place designated and to accept rervice of process for the above stated limited city company at the place designated in this certificate, I hereby accept the appointment as registered a and agree to act in this capacity. I further agree to comply with the provisions of all statistics of the proper and complete performance of my duties, and I am familiar with and accept the atlants of my position as registered agent as provided for in Chapter 608, Florida Statutes.		1200 South Pine Is	aland Road	•	•
City/State/Lip  City/State/Lip  The heen named as registered agent and to accept service of process for the above stated lippied city company at the place designated in this certificate, I hereby accept the appointment as registered and agree to accept the appointment as registered and agree to accept the provisions of all statistics of the proper and complete performance of my duties, and I am familiar with and accept the atlants of my position as registered agent as provided for in Chapter 608, Florida Statutes.	_	Floride Street	Address (P.O. Box NOT ACCEPTAL	ITE)	
City/State/Tip    City/State/Tip   City/State/Tip   City/State/Tip   City/State/Tip   City/State/Tip   City company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all stateles   City to the proper and complete performance of my duties, and I am familiar with and accept the adions of my position as registered agent as provided for in Chapter 608, Florida Statutes   City to the capacity   City to th	ı	Plantation	ਜ਼ਾ. 33324		
ity company at the place designated in this certificate, I hereby accept the appointment as instituted and agree to act in this capacity. I further agree to comply with the provisions of all stabiles on the proper and complete performance of my duties, and I am familiar with and accept the attour of my position as registered agent as provided for in Chapter 608, Florida Statutes.	-		City/State/7.ip		75 Z
t and agree to act in this capacity. I further agree to comply with the provisions of all wishles ing to the proper and complets performance of my duties, and I am familiar with and accept the attour of my position as registered agent as provided for in Chapter 608, Florida Statutes.		ed as revistered avent a	and to accept vervice of process	for the above state	d Impled
ing to the proper and complete performance of my duties, and I am familiar with and accept the attour of my position as registered agent as provided for in Chapter 608, Florida Statutes ?	g been name			int the appointmen	
	ity company ,	at the place designated.			rianies
	ity company a and agree to ng to the pro	at the place designated of the place of the control of the complete performance of the complete of the complet	further agree to comply with the rmance of my duties, and I am j	e provisions of all familiar with and a	coepit the
	ity company and agree to and agree to ag to the pro	at the place designated of the place of the control of the complete performance of the complete of the complet	further agree to comply with the rmance of my duties, and I am j	e provisions of all familiar with and a	iccepit the

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

# Delaware

DAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CRESCENT MOLTIFAMILY CONSTRUCTION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2007.

2007 OCT 19 AM 8: 41
SECRETARY OF STATE
AND AHASSEE. FLORIDA

**4440879 8300** 071118969



Warriet Smith Window Harries Smith Window

AUTHENTICATION: 6076125

DATE: 10-16-07

10/13/2028 50:51 7002/61/01