

## Florida Department of State

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.

(((H07000298163 3)))



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

TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Agree Silver Springs Shores, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

12/12/2007

8202227615

15/15/2007 15:13

PAGE 01/04

CI CORP

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

nume transcriptio, guier aliamate name no exet of the managers or proper membe	obyted for the purpose of transacting furthers in Florida and attach a copy of the sen adopting the absencts mean. The absencts name ment include "Limited Lie
gany," "LLC."," "LLC")	
Onleware	3
omplicion under the less of which throly	go Umited Hability (FEI number, if applicable)
November 29, 2007	g Proposited
(Date of Organization)	(Duranda: Year limited liability company will come in easts or "perpensal")
•	≥σ
	ented belenning in Florida, if prior to registration.)
(See sections 608.)	SOI & 608.502 F.S. to determine proactly liability)
31650 Northwestern Highway, Yamshigto	on Hills, Mishigan 48334
	SE SE
	(Street Address of Principal Office)
f limited Hability commons is a me	magor-manered company, check here
	97
the name and usual business addre	esses of the managing members or managers are as follows
Agree Linded Partnership	<b>▶</b> .
31850 Nordowanan Highway, Parmingto	on Hills Michiga 4834
1000 1 10000	
Michel Stranging Calificate of calcius or richalon under the law of which it is cases	s, co sucrefum 90 days old, duly authenticated by the official inevitogous tody office rised. (A photocopy in consecutable. If the conflicted is in a finning language, a
ntius of the conflictic under onthe files term	
N	ha
CONTRACTOR CONTINUES CONTRACTOR AND	be conducted or promoted in Florida:
remain or historical to C	
	PARTMEDELP, a Holoware Limited Partners
AGREE LINITED	Sole Mem
AGREE LIMITED Bir: Signature of a in-	Sole Nem Souther or sy sutherized representative of a member.
AGREE LIMITED Bir: Signature of a month on the terms of the months of th	Sole Mem

12/12/2007 15:13 8502227615

# 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:  Agree Silver Springs Shores, LLC				
If name unavailable, the alternate	name to be used in the state	of Florida is:		
2. The name and the Florida stree	t address of the registered ag	gent and office are:		
C T Corporation System		2001 SEC TALL		
	(Namo)		2001 DEC 12 SECRETAR)	
	1200 South Pine Island Rose			
Florida	Street Address (P.O. Box NOT.	ACCEPTABLE)	12 F RY OI SEE.	
Plantatio	on FL	33324	Tion U	
	City/State/Zip		IZ: 21	
	•		TE 24	

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.

By: <u>Manda A. Many Claudia L. Saari</u>
(Signature) Asst. Secretary

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

PLOST - US/28/2007 C T System Childre

# Delaware

PB/32 1

#### The First State

I, HARRIET SMITH NINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGREE SILVER SPRINGS SHORES, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2007.

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

4465079 8300

071268529
You may verify this contificate coline

Daniel Smila Hindren

Harriet Smith Windson, Beotatary of State
AUTRENTICATION: 6200455

DATE: 11-30-07