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.

(((H08000178088 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) 517-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

LORIDA/FOREIGN LIMITED LIABILITY CO.

Alliance Residential Builders South Florida, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

7/22/2008

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

JUL 23 2008

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 RECISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF BY ORDER.

L	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Altiance Residential Builders South Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	<u>.C.")</u>
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Liminapany," "L.L.C.," "LLC.")	opy of the written ited Liability
2.	_Delaware 3_ 26-3007540	
ī	(Jurisdiction under the law of which foreign limited tiability (FEI number, if applicable) company is organized)	
4.		_
	(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	4
6.	07/18/08	28. 88.
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	福里2
7.	2415 E. Camelback Road, Suite 600	- 55
	Phoenix, AZ 85016	四年
	(Street Address of Principal Office)	9: 2: 1:081 1:081
8.	If limited liability company is a manager-managed company, check here	8: 28
9.	The name and usual business addresses of the managing members or managers are as follows:	·
	Alliance Residential Builders, LLC 2415 E. Camelback Rd., Suite 600 Phoenix, AZ	85016
hc.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang islation of the certificate under outh of the translation must be submitted.)	
١1.	. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful bus	sinesa_
•	ALUANCE RESPENTAL SUBJECT SOUTH FLORIDA, LLC OF ANEMOR RESPENTAL SUBJECT SOUTH FLORIDA, LLC OF ANEMOR RESPENTAL SUBJECT SOUTH FLORIDA, LLC OF ANEMOR RESIDENTIAL SUBJECT SOUTH FLORIDA, LLC OF ANEMOR RESIDENTIAL SUBJECT SOUTH FLORIDA LLC OF ANEMOR RESIDENTIAL SUBJECT SOUTH FLORIDA LLC OF ANEMORY SOUTH FLORIDA LLC SIGNATURE OF AN INCIDENTIAL SUBJECT SOUTH FLORIDA LLC OF AN	
	Patrick W. Dukes, Vice President	
	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.

1. The name of	the Limited Liability Comp	oany is:				
Alliance Res	sidential Builders South F	lorida, LLC				
If name unavail	able, the alternate name to b	e used in the state	of Florida is:			
2. The name an	d the Florida street address	of the registered a	gent and office are:			
	ст	Corporation System	·	SE SE		
(Name)						
	1200 South Pine Island Road					
•	Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation 33324					
	<u> </u>	Ciry/State/Zip		8: 28 STATE LURIDA		
liability company agent and agree : relating to the pro obligations of my	ned as registered agent and to at the place designated in th to act in this capacity. I furth oper and complete performa position as registered agent CT Aprovation System	his certificate, I her her agree to comply nce of my duties, an as provided for in	eby accept the appointment with the provisions of all all familiar with and Chapter 608, Florida State 1	nt as registered I statutes accept the tutes.		
By:	(Signature)	SPECIAL	assistant secreta	liga.		
	\$ 100.00 \$ 25.00	Filing Fee for A Designation of i	pplication Registered Agent			

Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANCE RESIDENTIAL BUILDERS SOUTH FLORIDA, 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-FIRST DAY OF JULY, A.D. 2008.

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

080802654

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6741017

DATE: 07-21-08

You may verify this certificate enline at corp.delaware.gov/authver.shtml