# MU900000000986

(Reques	or's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Busines	s Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
·				
,				

Office Use Only



200145388862

NECEIVED

RECEIVED

O9 MAR II AH 8: 35 SECRETARY OF STATE TALLAHASSEF FI OBIN

B. KOHR

MAR 1 2 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 921532 167868A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE: March 11, 2009

ORDER TIME : 3:01 PM

ORDER NO. : 921532-005

CUSTOMER NO: 167868A

#### FOREIGN FILINGS

NAME: REDUS ARLINGTON RIDGE FL,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

125.00 CERTIFIED COPY PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

## 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:

REDUS Arlington Ridge FL, LLC		STATE OF PLORIDA;	
		e "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adopted consent of the managers or managing members ado Company," "L.L.C.," "LLC.")	for the purpose pting the altern	of transacting business in Florida and attach a copy of tate name. The alternate name must include "Limited Lia	he written bility
2. Delaware	3.	PENDING	
(Jurisdiction under the law of which foreign limit company is organized)	ted liability	(FEI number, if applicable)	J. 1988
4. March 10, 2009	5.	Perpetual	
(Date of Organization)	···········	(Duration: Year limited liability company will cease exist or "perpetual")	9 E
6. Upon Filing		Eg.	多了
(Date first transacted by	usiness in Flori 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	FILED B. SS
7. 301 S. College Street			. 34 o
Charlotte, NC 28288			200
(Str	reet Address of	Principal Office)	500
8. If limited liability company is a manager	r-managed c	ompany, check here	
9. The name and usual business addresses of	of the manag	ing members or managers are as follows:	
REDUS Properties, Inc.			
301 S. College Street			<del></del>
Charlotte, NC 28288			
Attached is an original certificate of existence, no mode jurisdiction under the law of which it is organized. (anslation of the certificate under oath of the translator)	(A photocopy is	es old, duly authenticated by the official having custody of w s not acceptable. If the certificate is in a foreign language, a ed.)	ecords in
1. Nature of business or purposes to be con	nducted or p	romoted in Florida:	_
Taking title to foreclosed property			
(In accordance with section 6	er or an autho 508.408(3), 1.5., allies of perjury	rized representative of a member. the execution of this document constitutes that the facts stated herein are true.) nt 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	of the Limited Liability Co	ompany is:	
REDUS Arl	ington Ridge FL, LLC		
If name unava	ilable, the alternate name	to be used in the state of Florida is:	
2. The name a	nd the Florida street addre	ess of the registered agent and office are:	
	Corporation Service	Company	
	`	(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		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 to in Chapter 608, Florida Statutes.

Corporation Service Company

BY: Jeanine Reynolds

(Signature) as its agent

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REDUS ARLINGTON RIDGE FL, 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 ELEVENTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDUS ARLINGTON RIDGE FL, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2009.

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

4663644 8300

090257681

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7180662

DATE: 03-11-09

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