M1000002090

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900179912759

10 HAY -7 PM 4: 12

RECEIVED

10 MAY -7 AM 9: 18

B. KOHR

MAY 1 0 2010

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 377156

7175508

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 7, 2010

ORDER TIME : 3:56 PM

ORDER NO. : 377156-015

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: COUNTRY LAKES HOMES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

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:

	COUNTRY LAKES HOMES, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability")	Company ""LLC " or "LLC		
¢o	name unavailable, enter alternate name adopted for the purpose of transacting busin insent of the managers or managing members adopting the alternate name. The alternampany," "L.L.C.," "LLC.")	ess in Florida and attach a copate name must include "Limit	oy of the v ed Liabili	written ity
	DE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI	number, if applicable)	<u></u>	
4.	05/07/2010 5. PERPETUAL	,		
	(Date of Organization) (Duration: Year li exist or "perpetua	mited liability company will c	ease to	
6.	UPON QUALIFICATION			
	(Date first transacted business in Florida, if prior to registr (See sections 608.501 & 608.502 F.S. to determine penalty)	ation.) iability)		
7.	8833 GROSS POINT ROAD, SUITE 310		0 M	1810 1810 1810 1810
	SKOKIE, IL 60077		10 MAY - 7	NEW TOWN
	(Street Address of Principal Office)			100 A CA
8.	If limited liability company is a manager-managed company, check he	ere 🔀	H 9-1	SHAR
9.	The name and usual business addresses of the managing members or i	nanagers are as follows:	∽	S.C.
	COUNTRY LAKES MANAGER, LLC			
	8833 GROSS POINT ROAD, SUITE 310			
	SKOKIE, IL 60077			
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authentical jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the instation of the certificate under oath of the translator must be submitted.)	To engage in any and al	uage, a	ords in
11	. Nature of business or purposes to be conducted or promoted in Floric liability companies may be organized under the Delaward limited Liability Mapany Act and qualified under the			
	any and all lawful investments and undertake such other fetivities related finitental thereto as the Manager me	y determine are in the interests of the C	ompany	
	DH COUNTRY LAKET, UC BY:			
	Signature of a number of ah authorized representa	tive of a member.		
	(In accordance with section 68.4fk(3), F.S., the execution of this of an affirmation under the penalties of perjury that the facts stated he JOSEPH I. WOLF, PRESIDENT	rein are true.)		

Typed or printed name of signce

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	ne of the Limited Liability Company is:	
COUNTR	RY LAKES HOMES, LLC	
If name unav	available, the alternate name to be used	in the state of Florida is:
2. The name	ne and the Florida street address of the i	registered agent and office are:
	Corporation Service Compan	у
	(Na	ame)
	1201 Hays Street	
	Florida Street Address (P.	O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301 y/State/Zip
liability compagent and agreed and agreed to the obligations of Corporations of BY:	apany at the place designated in this cert gree to act in this capacity. I further agree to act in this capacity agree to act in this capacity. I further agree to act in this capacity. I further agree	ot service of process for the above stated limited ificate. I hereby accept the appointment as registered to comply with the provisions of all statutes my duties, and I am familiar with and accept the vided for in Chapter 608, Florida Statutes.

\$ 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 "COUNTRY LAKES HOMES, 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 SEVENTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUNTRY LAKES HOMES, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2010.

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

4820776 8300

100478347

)

DATE: 05-07-10

ATION: 7979884

Jeffrey W. Bullock, Secretary of State

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