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.

(((H10000141733 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Walter 1971	Address:			
K TO SA I	ACCTASS:			

Foreign Limited Liability Company Jackson Square Apartments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

S. HAWKES

JUN 17 2010

EXAMINER

COVER LETTER

10,	Division of Corporatio	ng					
รนยม	ECT:	Jackson Squ	are Aparlments, LLC				
The en Exister	closed "Application by F nee, and check are submit	oreign Limited Liability (ited to register the above (Company for Authorization to 1 referenced foreign limited liabil	Fransact Business in Florida," Certificate of lity company to transact business in Florida			
Please	return all correspondence	concerning this matter to	the following:	•			
			Tony Russo				
			Name of Person				
		Inte	macional Realty, Inc.				
			Pirm/Company				
		405 N St. Mary's St., Suite 850					
	Address						
		San Antonio, TX - 78205					
		Cit	y/Stata and Zip Code				
	,		Pinternacional realty.com				
		E-mail address: (to be	used for future annual report no	outication)			
For fur	ther information concern	ing this matter, please cal	l:				
	τ	ony Russo	01(210)_	281-1469			
	Nam	e of Person	Arca Code & Daytime Telepho	no Number			
	MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, PL 32314	ns Div Res Cli 266	REET ADDRESS: ission of Corporations sistration Section flon Building 11 Executive Center Circle lahassec, FL 32301				
Enclo	sed is a check for the	following amount:					
	\$125.00 Filling Fee	\$130.00 Filing Fee Certificate of Stal					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION BOTT RUSINESS IN FLORIDA

	TRANSACT B	USII	NESS IN FLORIDA	Supply of the same
COMPLIANCE WITH SECT	ION 608.503, FLORIDA STAT	ישונטו	, THE FOLLOWING IS SUBMITTED TO REGIS	TER A FO
	TO TRANSACT BUSINESS IN T			100 A
	Jackson Sou	nie Ar	nartiments, LLC	F
(Name of Foreign Limit			"Limited Liability Company," "L.L.C.," or "LI	.C.") 🥳
				
ame unavailable, enter alter	nate name adopted for the pu	ottom ottom	of transacting business in Florida and attach a coate name. The alternate name must include "Lim	opy of the w
npany," "L.L.C," "LLC.")	agnig memoria adopting the	ancin	are traine. The artestate hand must include this	IIEU DIMUIN
Dela	ware	2		
urisdiction under the law of impany is organized)	which foreign limited liabili	īy 3.	(FEI number, if applicable)	·
06/15/2010		5.	Porpetual	
(Date of Orga	nization)	٥.	(Duration: Year limited liability company will exist or "perpetual")	cease to
upon qualificat	ion			
(De	to first transacted business in sections 608.501 & 608.5021	Flori	da, if prior to registration.)	
•			a potentinia hermita manutal	
405 N St. Mary's St., Suite 8	50, San Antonio, TX - 78205	5		
	(Street Adde	ess of	Principal Office)	
	`			
If limited liability comp	any is a manager-manag	zed co	ompany, check here 🔽	
			h-damid	
The name and usual but	iness addresses of the m	ាខារ	ing members or managers are as follows	l:
see attached				
000 00000000				
				·
Assembly all the control of the cont		<u>. ا. ۸۸</u>		
			ys old, duly authenticated by the official having cus s not acceptable. If the certificate is in a foreign lan	
signor of the certificate under				Briside's
	onth of the translator must be s			Brratic's
Nature of business or p	oath of the translator must be s	subunit	ted.)	Gresse's
	onth of the translator must be sourposes to be conducted	subunit	ted.)	
	onth of the translator must be sourposes to be conducted	subunit d or p	ted.)	Grasse a
	onth of the translator must be sourposes to be conducted	subunit d or p	promoted in Florida:	
Investment in (cath of the translator must be sourposes to be conducted commercial Real	tion p	oromoted in Florida:	
Investment in G	cath of the translator must be sourposes to be conducted commercial Real ature of a member or an	d or p	promoted in Florida:	
Investment in (cath of the translator must be sourposes to be conducted. Commercial Real ature of a member or an cordance with section 608.408(3) Immation under the penalties of a	d or p	oromoted in Florida: ate. orized representative of a member.	
Investment in (cath of the translator must be sourposes to be conducted. Commercial Real ature of a member or an cordance with section 608.408(3)	estanis Esta Butho N. P.S., porjury	oromoted in Florida: ate. orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)	

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.

FLORIDA.			4
i. The name of the	ne Limited Liability Com	pany is:	
	Jackson	Square Apartments, LLC	
If unavailable, the	alternate to be used in the	he state of Florida is:	
2. The name and	the Florida street address	s of the registered agent and office are:	
_	C	T Corporation System	
	V 1	(Name)	
		South Pine Island Road	
_	Plorida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	Plantation	PL 33324	
_		City/State/Zip	
liability company of agent and agree to relating to the prop obligations of my p	nt the place designated in a act in this capacity. I fig per and complete perform	to accept service of process for the above this certificate, I hereby accept the appointher agree to comply with the provisions ance of my duties, and I am familiar with it as provided for in Chapter 608, Florial	intment as registered of all statutes in and accept the
	\$ 100.00 \$ 25.00	B 4-P B 10-04-10-11-1	
	\$ 25.00	Designation of Registered Agent	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

. . . .

JACKSON SQUARE APARTMENTS, LLC

Name and usual business address of the managing managers:

Darryl Mann	P.O. Box 189 Lincoln, MT 59639
Jerome Mathews	P.O. Box 189 Lincoln, MT 59639
Ken Allen	P.O. Box 189 Lincoln, MT 59639
Michael Grimes	P.O. Box 189 Lincoln, MT 59639
Ray Johnson	P.O. Box 189 Lincoln, MT 59639
Svdell Bubman	P.O. Box 189 Lincoln, MT 59639



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACKSON SQUARE APARTMENTS, 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 SIXTEENTH DAY OF JUNE, A.D. 2010.

4836635 8300

100659242

AUTHENT CATION: 8056197 DATE: 06-16-10

You may verify this cortificate online at corp. doleware.gov/outhwor.shtml