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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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T. CLINE JUL 19 2010 EXAMINER

#### **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	······································		
	Name of Limited Liability Company		
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return	n all correspondence concerning this matter to the following:		
	Nereida Perez-Alvarez		
	Name of Person		
	Ram Realty Services	•	
	Firm/Company		
	4801 PGA Blvd.	133	
	Address To	<u></u>	MATE COMME
	Palm Beach Gardens, FL 33418	116	Carriers ()
		2	Į į
	City/State and Zip Code Page Page Page Page Page Page Page Pag	PH 12: 07	Same of the same o
	npalvarez@ramrealestate.com  E-mail address: (to be used for future annual report notification)	0	
For further in	nformation concerning this matter, please call:		
	Nereida Perez-Alvarez at ( 561 ) 282-4642		,
	Name of Person Area Code & Daytime Telephone Number		
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is	s a check for the following amount:		
<b></b> ✓\$	125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Control Copy \text{Octified Copy} of Status & Certified Copy}		

### 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:

1.	Woodlands Square CRP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	
2	Delaware 3 20-5128896	
	Delaware 3. 20-5128896 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4	7/13/2010 5 perpetual	
	7/13/2010 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	n/a	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	i i
7.	4801 PGA Boulevard	Taraba.
	Palm Beach Gardens, FL 33418	
	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here	**************************************
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Community Reinvestment Partners, LP	
	4801 PGA Boulevard	
	Palm Beach Gardens, FL 33418	
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and a slation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: To engage in the	
	ownership, operation, incidental activities and management of certain property	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)	
	David A. Dean	
	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 Company is:	
Woodlands Square CRP LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Peter D. Cummings & Associates, Inc.	
(Name)	2819 JUL 16 SEGRETAR TALLAHASS
4801 PGA Blvd.	至二
Florida Street Address (P.O. Box NOT ACCEPTABLE)	[m] - C F
Palm Beach Gardens, FL 33418	PHE: OF STA
. City/State/Zip	: 07
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointmagent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida Staliability (Signature)	nent as registered all statutes d accept the

\$ 100.00 Filing Fee for Application

\$ 30.00

\$ 25.00 Designation of Registered Agent **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 "WOODLANDS SQUARE CRP 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 THIRTEENTH DAY OF JULY, A.D. 2010.

4843853 8300

100735575

AUTHENTICATION: 8108588

DATE: 07-13-10

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