000039/17age 1 of 2

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (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. **

Email Address:

Foreign Limited Liability Company Stonehenge Community Development XXXVI, LLC

| Certificate of Status | U |
|-----------------------|----------|
| Certified Copy . | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

T. HAMPTON

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EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJE | CT: Stonehenge Community Development XXXVI, LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| The end Existen | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ec, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | | | |
| Please | eturn all correspondence concerning this matter to the following: | | | | | |
| | John P. Witten | | | | | |
| Name of Person | | | | | | |
| Stonehenge Capital Company, LLC | | | | | | |
| Finn/Company | | | | | | |
| | 191 W. Nationwide Bivd., Suite 600 | | | | | |
| | Address | | | | | |
| • | Columbus, OH 43215 | | | | | |
| City/State and Zip Code | | | | | | |
| mcestopp@stonehengecapital.com | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For furt | her information concerning this matter, please call: | | | | | |
| | Michele Estepp at (514) 246-2456 | | | | | |
| | Name of Person Aron Code & Daytime Telephone Number | | | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallalizasce, FL 32314 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301 | | | | | |
| Enclos | ed is a check for the following amount: | | | | | |
| | S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy | | | | | |

. . . .

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIAN IMITED LIABI | CE WITH SECTION 608.503, FLORIL LITY COMPANY TO TRANSACT BUSIN | A STATUTES THE A | "OLLOWING IS SUBMITTED IX) REGISTER , PFLORIDA: | A FOREIGN |
|----------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|
| | Stonethenge Co | ommonity Developme | or XXXVI IIC | |
| (Name o | f Foreign Limited Liability Company | ; must include "Limit | ed Liability Company," "L.L.C.," or "L.LC.") | |
| If name unavai ensent of the n company," "L. | nanagers or managing members adopt | or the purpose of trans ting the alternate nam | acting business in Florida and attach a copy of c. The alternate name must include "Limited L | the written iability |
| | Delaware | 3 | 27-1294121 | |
| (Jurisdiction company is o | Delaware under the law of which foreign limite rganized) | d liability | 27-1294121 (FEI number, if applicable) | |
| | 11/9/09 | 5. | Perpetual | |
| | (Date of Organization) | (Dura exist | Perpetual tion: Year limited liability company will cease or "perpetual") | 10 |
| Upo | on filing | | | |
| | (Date first transacted bus (See sections 608.50) & 6 | iness in Florida, if pr 08.502 F.S. to determ | or to registration.) inc penalty liability) | (|
| 191 W. Nati | onwide Blvd., Suite 600 | | | |
| Columbus, (| | | | |
| | (Stre | et Address of Principa | al Office) | |
| If limited l | liability company is a manager- | managed company | y, check here 🔀 | |
| The name | and usual business addresses of | f the managing me | mbers or managers are as follows: | |
| Thomas J. / | Adamek, 235 Third Street, Baton Rou | ge, LA 70801 | | |
| David B. W | ebber, 191 W. Nationwide Blvd., Set | te 600, Columbus, Ol | f 43215 | |
| John P. Wil | ien, 191 W. Nationwide Blvd., Suite (| 600, Columbus, OH | 13215 | |
| ************ | | | | |
| e jurisdiction u | | A photocopy is not aco | thy authenticated by the official having custody of optable. If the certificate is in a foreign language, | |
| . Nature of | business or purposes to be con | ducted or promote | d in Florida: Any lawful act or activity a | <u>s</u> |
| | provided | by the Florida Statute | 608.503 | |
| | | | | SEP |
| | Signature of a member (In accordance with section 60 mi uffirmation ander the pens | 08.408(3), F.S., the exec | representative of a member. ution of this document constitutes facts stated havin are true.) | -2 AH |
| | | John P. Witten | · | de : |
| | Typed o | or printed name of | signee | ED |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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 Compa | ny is: | | | |
|-------------------------------------------------|----------------------------------------|--|--|--|
| Stonehenge Commun | elty Development XXXVI, LLC | | | |
| If unavailable, the alternate to be used in the | state of Florida is: | | | |
| 2. The name and the Florida street address of | f the registered agent and office are: | | | |
| C T Corporation System | | | | |
| | (Name) | | | |
| 1200 Sa | outh Pine Island Road | | | |
| Florida Street Addre | ess (P.O. Box NOT ACCEPTABLE) | | | |
| Plantation | FL 33324 | | | |
| <u> </u> | 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 for in Chapter 608, Florida Statutes.

(Signature)

Renee Cruz, Asst. Sec

Filing Fee for Application

25.00 Designation of Registered Agent

30,00 Certified Copy (optional)

5.00 Certificate of Status (optional)

By:

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STONEHENGE COMMUNITY DEVELOPMENT
XXXVI, 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 SECOND DAY OF
SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4751497 8300

100879918

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

AUTHENTICATION: 8207106

DATE: 09-02-10