MIDDDDDD 4423

(F	Requestor's Name)
(^	Address)	.
· (A	address)	
(C	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ime)
(E	Ocument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	••••

Office Use Only

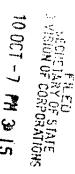


500186119425

TALLARASSEE, FLORIDA OLITARITHEST OF SORPORATIONS OLITARITHEST OF STATE RECEIVED

B. KOHR

EXAMINER





ACCOUNT NO. : 12000000195

REFERENCE : 533733 4321791

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 6, 2010

ORDER TIME : 9:23 AM

ORDER NO. : 533733-100

CUSTOMER NO: 4321791

FOREIGN FILINGS

NAME: RELATED ROSEMONT II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED 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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Reloted Programment II. L. C.

Related Rosemont II, LLC	<u> </u>	- In the second	*	
(Name of Foreign Limited Liabili	ity Company; must includ	le "Limited Liability Con	pany," "L.L.C.," or "LLC."	<u> </u>
		5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
f name unavailable, enter alternate name onsent of the managers or managing me ompany," "L.L.C.," "LLC.")	e adopted for the purpose mbers adopting the altern	e of transacting business nate name. The alternate	in Florida and attach a copy name must include "Limited	of the wr Liability
Delaware	, (i) (i) , (g)	27-3587753		
(Jurisdiction under the law of which fo	oreign limited liability	(FEI nun	iber, if applicable)	
September 22, 2010	i i i	December 31, 2	10	j
(Date of Organization)			d liability company will cca	se to Z
	, , , , , , , , , , , , , , , , , , , 	the second purposed in		- N
(Date first to (See sections (ansacted business in Flor 608.501 & 608.502 F.S. to	ida, if prior to registration	l.) lity)	⁻
60 Columbus Circle		o dotoramico pontary ridor	,	
New York, NY 10023				
	(Street Address of	f Principal Office)		
If limited liability company is a		,		
The name and usual business ac				
MBR: Related Multi-Fam	ily Master Owner,	LLC, 60 Columb	us Circle, NY, NY	10023
,	. :	. 		
				
Attached is an original certificate of exist jurisdiction under the law of which it is on a station of the certificate under oath of the	organized. (A photocopy i	s not acceptable. If the cer		
. Nature of business or purposes	s to be conducted or p	promoted in Florida;	real estate investme	nt
	MACH			·
Signature of	a member or an auth	orized representative	of a member.	
(In accordance w an affirmation u	vith section 608,408(3), F.S., under the penalties of perjury	, the execution of this docur that the facts stated herein	nent constitutes are true.)	
	I. Orbison, Author		•	

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.

f name un	available, the alternate name to be used in the st	ate of Florida is:
,	e e e	
. The nan	ne and the Florida street address of the registere	d agent and office are:
•		
	Corporation Service Company	
	(Name)	hand are a section of the black and the VP Windows of the Control of the Additional Control of the Control of t
•	1201 Hays Street	
	Florida Street Address (P.O. Box N	OT ACCEPTABLE)
	Tallahassee FI 3	2301
	City/State/Zip	,

ed 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.

Corporation Service Companyleanine Reynolds

as its agent

(Signature)

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

Delaware

PAGE '

The First State

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

DELAWARE, DO HEREBY CERTIFY "RELATED ROSEMONT II, 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 SIXTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELATED ROSEMONT II, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2010.

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

4875450 8300

100974540

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

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8273515

DATE: 10-06-10