M 10000004620

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

2010 OCT 19 PM 1: 23

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Collegiate Development Construction Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

| | Name of Person | |
|---|---|--|
| Collegiate Companie | es | |
| | Firm/Company | |
| 6363 North State H | lighway 161, Suite 500 | |
| | Address | |
| Irving, Texas 75038 | | |
| | City/State and Zip Code | |
| cprice@collegiate | ecompanies.com | |
| cprice@collegiate E-mail add ther information concerning this matter | dress: (to be used for future annual report notification) | |
| E-mail add | dress: (to be used for future annual report notification) | |
| E-mail add | dress: (to be used for future annual report notification) er, please call: | |
| E-mail add ther information concerning this matter Chris Price | dress: (to be used for future annual report notification) er, please call: at (972) 759-1607 Area Code & Daytime Telephone Number STREET ADDRESS: | |
| E-mail add ther information concerning this matter Chris Price Name of Person MAILING ADDRESS: Division of Corporations | dress: (to be used for future annual report notification) er, please call: at (972) 759-1607 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations | |
| E-mail add ther information concerning this matter Chris Price Name of Person MAILING ADDRESS: Division of Corporations Registration Section | dress: (to be used for future annual report notification) er, please call: at (972) 759-1607 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section | 20 20 20 |
| E-mail add ther information concerning this matter Chris Price Name of Person MAILING ADDRESS: Division of Corporations | dress: (to be used for future annual report notification) er, please call: at (972) 759-1607 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations | 2019 O |
| E-mail add ther information concerning this matter Chris Price Name of Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | dress: (to be used for future annual report notification) er, please call: at (972) 759-1607 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building | ZNOCT SEERS IN COLUMN TAIL AND SEERS IN COLUMN |
| E-mail add ther information concerning this matter Chris Price Name of Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 2019 OCT 19 SEERE FARY |

. 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. | Collegiate Development Construction Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | ٠. |
|-----|--|--------|
| co | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the variation of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.") | |
| | Texas 3. <u>27-1799784</u> | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. | January 28, 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) | |
| 7. | 6363 North State Highway 161, Suite 500 | |
| | Irving, Texas 75038 | |
| | (Street Address of Principal Office) | |
| 8. | If limited liability company is a manager-managed company, check here | 11 |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | LK. |
| | Rafael Figueroa | |
| | 6363 North State Highway 161, suite 500 | |
| | Irving, Texas 75038 | |
| 10 | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco | ords i |
| the | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | 014201 |
| | nslation of the certificate under oath of the translator must be submitted.) | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: construction and development | |
| | | • |
| | 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 | |

Lawrence J. McFarland - authorized representative

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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: | | |
|--|-----------|--------------|
| Collegiate Development Construction Services, 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: | | |
| NRAI Services, Inc. | - Fig. 22 | |
| (Name) | ZAIN OCT | |
| 2731 Executive Park Drive, Suite 4 | | PARTIES PLAN |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | 19 PM | 1.1.J |
| Weston FL 33331 | H 1: 28 | et, sugare |
| City/State/Zip | TE 28 | |

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.

Wendy D Rea, Assistant Secretary
(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Collegiate Development Construction Services, LLC (file number 801222607), a Domestic Limited Liability Company (LLC), was filed in this office on January 27, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 11, 2010.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services