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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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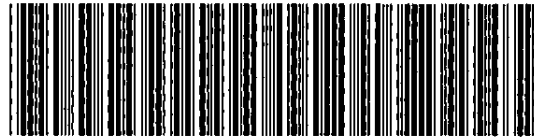
(Business Entity Name)

(Document Number)

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10 OCT 20 PM 1:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 20 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 3:15



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 545406 7712433

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 3:15

ORDER DATE : October 20, 2010

ORDER TIME : 12:08 PM

ORDER NO. : 545406-005

CUSTOMER NO: 7712433

FOREIGN FILINGS

NAME: MALLARD COVE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: \_\_\_\_\_

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Mallard Cove, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mallard Cove Apartments, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3632363

(FEI number, if applicable)

4. 10/04/2010

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9260 BAY PLAZA BLVD., SUITE 501

TAMPA, FL 33619

(Street Address of Principal Office)

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:

9260 BAY PLAZA BLVD., SUITE 501

TAMPA, FL 33619

Member - Reuven Oded

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: OWN, MANAGE

AND OPERATE A MULTIFAMILY APARTMENT BUILDING.

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.)

SANTIAGO ELWALIC III

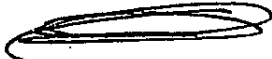
Typed or printed name of signer

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 3:15

Reuven Oded, Secretary of Mallard Cove, LLC a limited liability company duly organized under the laws of the State of Delaware, does hereby certify that the following is a true and correct copy of a resolution of the Board of Directors of said limited liability company, adopted at a special meeting held on the 19<sup>th</sup> day of October, 2010.

"RESOLVED, that, inasmuch as this limited liability company desires to transact business in the State of Florida, and inasmuch as the [managing members or managers] have been advised that the name of this limited liability company is not available for use in the State of Florida, this limited liability company adopt the alternate name Mallard Cove Apartments, LLC for use in transacting business in the State of Florida pursuant to Sections 608.406 and 608.506, Florida Limited Liability Company Act; and

"FURTHER RESOLVED, that the authorized representatives of this limited liability company be and hereby are authorized and directed to cause any and all required documents to be prepared, executed, and filed so that this limited liability company may obtain a Certificate of Authority pursuant to the Florida Limited Liability Company Act, and to cause this limited liability company to use the said alternate name in the transaction of business in the State of Florida."



Reuven Oded, Authorized Representative  
Santiago Eljaiek III, Esq.  
As Attorney-in-Fact

**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:

Mallard Cove, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

Mellaw Registered Agents, LLC

(Name)

2601 South Bayshore Drive Suite #700

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

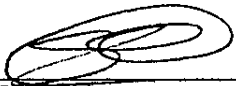
Coconut Grove

FL 33133

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.*

BY: \_\_\_\_\_

  
(Signature)

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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MALLARD COVE, 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 FIFTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MALLARD COVE, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2010.

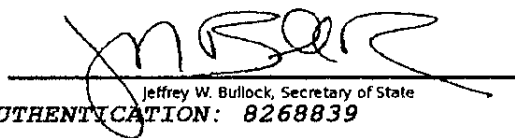
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4880299 8300

100967743

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8268839

DATE: 10-05-10