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#### Foreign Limited Liability Company Palms at Waters Edge, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

G. MCLEOD 0CT 26 2010

**EXAMINER** 

#### COVER LETTER

SUBJECT:	Palms at Waters Edge, LLC			
		Name of Limited Liability Con	mpany	
The enclosed Existence, and	"Application by Foreign Limited I check are submitted to register t	Liability Company for Authori he above referenced foreign lim	zation to Transact Business in Florida," ( lited liability company to transact busine	Certific ss in F
Please return	all correspondence concerning thi	s matter to the following:		
	Paula McCarthy			
	,	Name of Person		
	Inland Management Corp.	,		
		Firm/Company		
	665 Simonds Road	•		
	003 Surrours Kogu	Address	<u>, '</u>	
		•		
	Williamstown, MA 01267	Cit. (0.1.   1.0.   C.1.		
·		City/State and Zip Code		,
	Plaiacona@aol.com			
		s: (to be used for future annual	report nouncation)	
or further info	ormation concerning this matter, p	pleuse cail:		
Paula .	McCarthy	at ( 431	458-5220	
·	Name of Person	Area Code & Daytime	Telephone Number	
Divisi Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Citalianassee, PL 32301	rote	

## 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 Palms at Waters Edge, LLC
(Name of) reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Dolaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 10/22/2010 5. Perpetual
(Date of Organization) (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 P.S. to determine penalty liability)
7 665 Simonds Rd, Williamstown, MA 01267
TAI TAI
(Street Address of Principal Office)
(Street Address of Filmerbar 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:
y. The figure and usual business addresses of the managing monitors of managers are at topologic
PFC Projects, LLC 665 Simonds Rd Williamstown, MA 01267
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 fundamental field in the first organized. (A photocopy is not acceptable, If the certificate is in a foreign language, a
ranslation of the certificate under outh of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Purchase and sale of real estate and any other lawful business.
13/ Facela McCarthy
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the 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, P.S.)
/a/ Paula McCarthy
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.

		ited Liability Comp ers Edge, LL	•			
If unavailable, the alternate to be used in the state of Florida is:						
2. The na	ime and the Flo	rida street address	of the registered agent and office	are;		
	C T Corpo	ration System				
		t	(Name)			
	1200 Souti	Pine Island Road		•		
•		Florida Street Add	iress (P.O. Box <u>NOT</u> ACCEPTABLE)			
	Plantation	l .	FL 33324 City/State/Zip	<del></del>		
liability co agent and c relating to	mpany at the pl agree to act in t the proper and s of my position	ace designated in the his capacity. I furth complete performa	tomine big	appointment as registered islons of all statutes r with and accept the Florida Statutes.		
	, <del></del>	(Signa	Assistant Sea	etary		
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Age Certified Copy (optional) Certificate of Status (optional)			

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALME AT WATERS EDGE, 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 TRIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2010.

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

DATE: 10-25-10