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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Donna Gave Authorization by Phone to Convect #8 Date Date Date Doc. Exam.		

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Stoneleigh Back Bay Associates, 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:
Donna J. Feldman, Esquire
Name of Person
Donna J. Feldman, P.A.
Firm/Company
19321-C U.S. Highway 19 North, Suite 600
Address
Clearwater, Florida 33764
City/State and Zip Code
dfeldman@djflaw.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donna J. Feldman, Esq. at (727) 536-8003
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_\$\$125.00 Filing Fee \times

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 RUSINESS IN THE STATE OF FLORIDA:

	Stoneleigh Back Bay Associates, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4.	November 13, 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.	160 Greentree Drive, Suite 101 Dover, Delaware 19904 (Street Address of Principal Office)
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: 160 Greentree Drive, Suite 101 Frank Palmer
	Dover, Delaware 19904
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e-jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: real estate investments and any other lawful business.
	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. 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.) Frank Palmer

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.

1. The name of the Limited Liability Company is:	
Stoneleigh Back Bay Associates, 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:	
Donna J. Feldman, Esquire	10 10
(Name)	SECRETA ISION O
19321-C U.S. Highway 19 North, Suite 600 Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 75
Clearwater FL 33764 City/State/Zip	AN O: 44

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.

\$ 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 "STONELEIGH BACK BAY ASSOCIATES,
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 THIRD DAY OF DECEMBER,
A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STONELEIGH BACK BAY ASSOCIATES, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2010.

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

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AUTHENT CATION: 8396007

DATE: 12-03-10

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