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JAN 25 2011

EXAMINER



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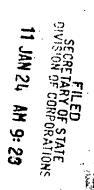
11 JAN 24 PH 4: 12

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ONLY ANASSEE FLORIDA

RECEIVED

B. KOHR
JAN 2 \$\overline{5}\text{2011}

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

4311039

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COST LIMIT : \$ 125.00

ORDER DATE: January 24, 2011

ORDER TIME : 3:53 PM

ORDER NO. : 652546-005

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: KE TUSCANY RESERVE PROPETIES,

LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:



### 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.                                                                                           | KE TUSCANY RESERVE PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                               |                 |  |  |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------|-----------------|--|--|
|                                                                                              | (Name of Foreign Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lie            | ibility Company)                                              |                 |  |  |
| 2.                                                                                           | DELAWARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.             |                                                               |                 |  |  |
|                                                                                              | (Jurisdiction under the law of which foreign limited liability company is organized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | (FEI number, if applicable                                    | :)              |  |  |
| 4.                                                                                           | DECEMBER 20, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.             | PERPETUAL                                                     |                 |  |  |
|                                                                                              | (Date of Organization)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Duration: Year limited liability comparexist or "perpetual") | y will cease to |  |  |
| 6.                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               |                 |  |  |
|                                                                                              | (Date first transacted business in F<br>(See sections 608,501 & 608,502 F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plori<br>S. te | da, if prior to registration.)  determine penalty liability)  |                 |  |  |
| 7.                                                                                           | 7. 4500 PGA BOULEVARD, SUITE 400, PALM BEACH GARDENS, FL 33418                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                               |                 |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               |                 |  |  |
|                                                                                              | (Street Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s of           | Principal Office)                                             |                 |  |  |
| 8.                                                                                           | If limited liability company is a manager-manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d c            | ompany, check here                                            |                 |  |  |
| 9. The name and usual business addresses of the managing members or managers are as follows: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               |                 |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | •                                                             |                 |  |  |
|                                                                                              | KE Tuscany Reserve Holdings, LLC, 4500 PGA BOUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEV            | ARD, SUITE 400, PALM BEACH GAR                                | DENS, FL 33418  |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               |                 |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               | <del></del>     |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                               |                 |  |  |
|                                                                                              | ). Attached is an original certificate of existence, no more than 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                               |                 |  |  |
|                                                                                              | e jurisdiction under the law of which it is organized. (A photoco<br>Institution of the certificate under cath of the translator must be suit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                               | ign language, a |  |  |
| шa                                                                                           | repurport of the contribute of the Control of the Control (1 the Control of the C | CHILL          | uezt)                                                         |                 |  |  |
| 11                                                                                           | . Nature of business or purposes to be conducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or p           | promoted in Florida:                                          |                 |  |  |
|                                                                                              | ANY LAWFUL BUSINESS PERMITTED BY THE LAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vs (           | OF THE STATE OF FLORIDA.                                      | _               |  |  |
|                                                                                              | Sydney W. Kitson, 190 of KE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tu             | scany Reserve Holdings, LLC,                                  | Member          |  |  |
|                                                                                              | Signature of a member or an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uth            | orized representative of a member.                            |                 |  |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F.S.           | , the execution of this document constitutes                  |                 |  |  |
|                                                                                              | SYDNEY W. KITSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | J 611)         | , कामा क्रांच १८००क कार्याच्या ग्राच्याम बाट सम्बद्धा         |                 |  |  |
|                                                                                              | Typed or printe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed n           | 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:                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |  |  |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|
| KE TUSCANY RE                                                                      | SERVE PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |  |  |  |
| 2. The name and                                                                    | d the Florida street address of the registered agent and office are:                                                                                                                                                                                                                                                                                                                                                             |                                                    |  |  |  |
|                                                                                    | GEORGE SPEER                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |  |  |  |
| •                                                                                  | (Name)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |  |  |  |
|                                                                                    | 4500 PGA BOULEVARD, SUITE 400                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |  |  |  |
| •                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |  |  |  |
| !                                                                                  | PALM BEACH GARDENS FL 33418  City/State/Zip                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  |  |  |
|                                                                                    | Спутован Егр                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |  |  |  |
| liability company<br>agent and agree t<br>relating to the pro<br>obligations of my | ned as registered agent and to accept service of process for the above state the place designated in this certificate. I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of a coper and complete performance of my duties, and I am familiar with any position as registered agent as provided for in Chapter 608, Florida Stagestered Agent  Registered Agent  (Signature) | ient as registerea<br>all statutes<br>d accept the |  |  |  |

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

## Delaware

PAGE 3

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "KE TUSCANY RESERVE PROPERTIES, 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 TWENTY-FOURTH DAY OF JANUARY, A.D.

2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KE TUSCANY RESERVE PROPERTIES, LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2010.

4915879 8300

110072965

AUTHENTICATION: 8514362

DATE: 01-24-11

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