Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000294129 3)))



H110002941293ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company COCONUT POINT CONDOMINIUMS, LLC

Certificate of Status 0 Certified Copy Page Count 04 \$125.00 Estimated Charge

G. MCLEOD
DEC 16 2011

EXAMINER

12/15/2011

COVER LETTER

of

eturn all correspondence concerning this matter to the following: Faula A. McCarthy	losed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida, se, and check are submitted to register the above referenced foreign !imited liability company to transact busine eturn all correspondence concerning this matter to the following: Faula A. McCarthy	Cr:	ominiums, LLC
Name of Person Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com B-mail address: (to be used for future annual report notification) her information concerning this matter, please cell: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations	eturn all correspondence concerning this matter to the following: Paula A. McCarthy		Name of Limited Liability Company
Paula A. McCarthy Name of Person Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmcoarthy@inlandine.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please cell: Paula A. McCarthy Name of Person Area Code & Daytime Telephone Number MATLING ADDRESS: Division of Corporations Division of Corporations	Paula A. McCarthy Name of Person Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocerthy@inlandino.com E-mail address: (to be used for future annual report notification) are information concerning this matter, please cell: Paula A. McCarthy Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32314	losed "Application by Force, and check are submitte	eign Limited Llability Company for Authorization to Transact Business in Florida," d to register the above referenced foreign limited liability company to transact busin
Name of Person Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com B-mail address: (to be used for future annual report notification) her information concerning this matter, please cell: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations	Name of Person Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com B-mail address: (to be used for future annual report notification) ner information concerning this matter, please cell: Paula A. McCarthy at (413	eturn all correspondence o	oncerning this matter to the following:
Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocerthy@inlandine.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations	Coconut Point Condominiums, LLC Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) acr information concerning this matter, please cell: Paula A. McCarthy Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Code Address STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Paula A. McCarr	hy
Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations	Pirm/Company 665 Simonds Road Address Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) per information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Code Code Corporations Research Section Clifton Building Tallahassee, FL 32301	,	Name of Person
Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandinc.com B-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) at information concerning this matter, please call: Paula A. McCarthy Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 City/State and Zip Code Address Address City/State and Zip Code Daytime annual report notification) 458-5220 Area Code & Daytime Telephone Number City/State and Zip Code Division of Corporations Registration Section City/State and Zip Code	Coconut Point C	ondominiums, LLC
Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com E-mail address: (to be used for future annual report notification) per information concerning this matter, please call: Paula A. McCarthy Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code Area Code Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32301	•	Pirm/Company
Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandine.com B-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytims Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations	Williamstown, MA 01267 City/State and Zip Code pmocarthy@inlandino.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please cell: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code	665 Simonds Ro	od
City/State and Zip Code pmocarthy@inlandino.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	City/State and Zip Code pmocarthy@inlandino.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		Address
pmocarthy@inlandine.com B-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations	pmocarthy@inlandino.com E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call: Paula A. McCarthy Taliahassee, FL 32314 To be used for future annual report notification) at (413	Williamstown, M	A 01267
E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call: Paula A. McCarthy Taliahassee, FL 32314 Termination concerning this matter, please call: at (413	<u> </u>	City/State and Zip Code
Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Paula A. McCarthy Tate (413) Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301 Tallahassee, FL 32301	pmocarthy@inlan	dins.com
Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Paula A. McCarthy at (413) 458-5220 Name of Person Area Code & Daytims Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		3-mail address: (to be used for future annual report notification)
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	er information concerning	this matter, please cull:
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Paula A. McCarthy	at (413 458-5220
Division of Corporations Division of Corporations	Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Name o	f Person Area Code & Daytime Telephone Number
	Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Zeff Executive Center Circle Tallahassee, FL 32301		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
	Tallahassee, FL 32301		
	J. C.	Talinhassoo, FL 32314	

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

IN COMPLIANCE WITH SECTION 60850A, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA	
1. Coconus Point Condominaums, LLC	•
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C., or "LLC.")
(If name unavailable, autor alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must be Company," "L.L.C." "LLC.")	
2. Delaware 3.	· ·
(Jurisdiction under the law of which foreign limited liability (FEI number, if applied company is organized)	ible)
4. Decamber 13.2011 S. Perpetual	
(Date of Organization) (Duration: Year limited liability con exist or "perpetual")	apmy will coase to
6	<u>></u> 67
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	
	DEC CRETA
1. 665 SIMONES ROAD	- 3 ₹ -
Williaustown MA 01267	388 388 15
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	LONI STAT 1:5
9. The name and usual business addresses of the managing members or managers are as	follows:
National Land FATHERS, LLC	
	· · · · · · · · · · · · · · · · · · ·
665 SIMONDS ED	
VILLIAMSTOWN MADIOGT	
O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official to be jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a franslation of the certificate under each of the translation must be submitted.)	indge kengungs, a
1. Nature of business or purposes to be conducted or promoted in Florida: (PURANA)	se and SAKE
OF REALESTRY AND ANY OTHER LAWREL BUSIN	<u> </u>
Laca a. Melanty	_
Signature of a member or an authorized representative of a member	
(In soondance with section 608.408(3), F.S., the execution of this document constitutes as affirmed pensities of perjury that the facts stated berein are true. I am aware that any false information a document to the Department of State constitutes a third degree falony as provided for in a	ubmitted in a
GAULA A Ma CAPTHY	- -
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:

Coconut Point Condominiums, LLC

If unavailable	o, the alternate to be used in t	the state of Florida is:
2. The name	and the Florida street addres	s of the registered agent and office are:
	C T Corporation System	·
		(Name)
	1200 South Pine Island Road	
	Florida Street A	ddross (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/Sunta/Zip
liability composite agent and agree relating to the	any at the place designated in ee to act in this capacity. I fur proper and complete performing position as registered age CF Corporation Systems	PECIAL ASSISTANT CONTENTS Pilling Fee for Application Designation of Registered Agent Certified Copy (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COCONUT POINT CONDOMINIUMS, 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 FOURTEENTH DAY OF DECEMBER, A.D.
2011.

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

5079134 8300

111284645

You may verify this cortificate online at corp. delaware, gov/outhwer. shire!

Jeffrey W. Bullock, Secretary of State

UTHENTYCATION: 9229633

DATE: 12-14-11