## 0000146 Division ( Florida Department of State

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

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#### Foreign Limited Liability Company 10446 Heritage Bay Associates, LLC

Certificate of Status	0
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 10446 Heritage Bay Associates, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Fl Existence, and check are submitted to register the above referenced foreign limited liability company to transact	orida," Certificate of t business in Plorida
Please return all correspondence concerning this matter to the following:	
Stacy Briggs, Paralegal	
Name of Person	<del></del>
Woods Oviatt Gilman LLP	
Firm/Company	
700 Crossroads Building	
Address	
Rochester, New York 14614	-ARE B
City/State and Zip Code	B 29 MH 84 51 TARY OF STATE ASSET PLUSIO
obviewe Quece de aviett a ane	29 ARY SSE
Sbriggs@woodsoviatt.com  E-mail address: (to be used for future annual report notification)	ARY OF
For further information concerning this matter, please call:	28
Stacy Briggs at ( 585 ) 987-2867	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Begin{array}{c} \pm	

### 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 BUSINESS IN THE STATE OF FLORIDA:

LL	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
ı.	10446 Heritage Bay Associates, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written name of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C," "LLC.")
2.	New York (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	company is organized)
4.	August 11, 2011 5, perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	n/a
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	c/o Employee Relations Associates, Inc., Attn: Thomas C. loele
′•	>
	7 Linden Park, Rochester, New York 14625 Street Address of Principal Office)
	(Street Address of Principal Office)
8.	
9.	The name and usual business addresses of the managing members or managers are as follows:
	7 Linden Park Associates LLC
	7 Linden Park
	Rochester, New York 14625
tha tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a rislation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: Hold title to real estate
11	. Nature of business of purposes to be conducted of promoted in Florida.
	Signature of a member of 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.)
	Stacy Briggs, Authorized Representative  Typed or printed name of signee
	43 ham no krateta no

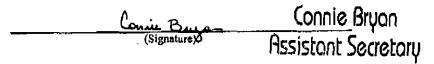
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#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

10446 Heritage Bay Associ	ates, LLC	
unavailable, the alternate to be used in	the state of Florida is:	
. The name and the Florida street addre	ess of the registered agent and office are	
		<b>7</b> S 23
C T Corporation Syst		612" eren
	(Name)	612" eren
1200 South Pine Is	(Name)	612" eren
1200 South Pine Is	(Name)	IZFEB 29 AN ECRETARY OF S ELAHASSEE, FL
1200 South Pine Is	(Name)	612" eren

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)

# State of New York Department of State } ss:

I hereby certify, that 10446 HERITAGE BAY ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/11/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201202290014 \* EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of February two thousand and twelve.

Daniel Shapiro

First Deputy Secretary of State

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