12000001643

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

B. KOHR

MAR 2 3 2012

EXAMINER



600224155036

03/23/12--01001--009 **155.00

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 03/22/2012 **REF. #:** RA4164.163782 CORP. NAME: FCB FP RESIDENTIAL HOLDINGS, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 543724 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

PLEASE RETURN:

(XX) CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATI TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. FCB FP RESIDENTIAL HOLDINGS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Delaware Applied For (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) February 23, 2012 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) _{7.} 2500 Weston Road, Suite 300 Weston, FL 33331 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Kent Ellert - 2500 Weston Road, Suite 300, Weston, FL 33331 James E. Baiter - 2500 Weston Road, Suite 300, Weston, FL 33331 [Continued on Attached Exhibit A] 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Larry Benton

business permitted by the laws of the State of Florida.

Exhibit A to Application for FCB FP Resdential Holdings, LLC

9. – Manager's continued:

Juan Castro – 2500 Weston Road, Suite 300, Weston, FL 33331 Larry Benton – 2500 Weston Road, Suite 300, Weston, FL 33331 Leslie Dillon Carter, III – 2500 Weston Road, Suite 300, Weston, FL 33331

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.

I. The name of the Limited Liability	Company is:
FCB FP RESIDENTIA	AL HOLDINGS, LLC
If unavailable, the alternate to be used	in the state of Florida is:
2. The name and the Florida street ad	dress of the registered agent and office are:
NRAI Services,	Inc.
	(Name)
515 East Park	Avenue
Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FI 32301
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FCB FP RESIDENTIAL HOLDINGS, 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-THIRD DAY OF FEBRUARY, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FCB FP

RESIDENTIAL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF

FEBRUARY, A.D. 2012.

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

5113824 8300

120212584

DATE: 02-23-12

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9386724

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