Division

Division of Corporations Electronic Filing Cover Sheet

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(((H12000115250 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

C T CORPORATION Please retain original

From:

Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

date of submission

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

Email Address:

Foreign Limited Liability Company Stonehenge Community Development LII B, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

A. LUNT

MAY -4 2011

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

4/26/2012



April 27, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: STONEHENGE COMMUNITY DEVELOPMENT LII B, LLC

REF: W12000023300

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H12000115250 Letter Number: 912A00012857

> *RE-SUBMIT* Please retain original filing date of submission 4/26

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Stonehenge Community Developme	ent LII B, LLC	
·	١	Name of Limited Liability Company	
		lability Company for Authorization to Transact Business in Ploric above referenced foreign limited liability company to transact bu	
Please return	all correspondence concerning this	matter to the following:	
	John P. Witten	_	
		Name of Person	- '
			E 2 28
Stonehenge Capital Company, LLC Firm/Company		2012 HA	
		rane company	
191 W. Nationwide Blvd., Suite 600		AY J	
	· · · · · · · · · · · · · · · · · · ·	Address	men and
	Columbus, DH 43215		
		City/State and Zip Code	10 kg 65
	mcmakuch@stonehengecapital.c	om	•
	E-mail address:	(to be used for future annual report notification)	-
For further inf	connection concerning this matter, pl	case cail:	
Mich	ele Makuch	st (614) 246-2456	
	Name of Person	Area Code & Daytime Telephone Number	
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is\$125.	a check for the following amo 00 Filing Fee S130.00 Filing I Certificate of St	Fee & 13135.00 Filing Fee & 18160.00 Filing Fee, Certifi	

PLOST - 10/05/2019 C T Sympos Gallets

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Stonehenge Community Development LII B, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 4/17/12 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (upon filing) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 191 W. Nationwide Blvd., Suite 600 Columbus, OH 43215 (Street Address of Principal Office) 8. If timited 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: Stonehenge Community Development LII, LLC 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 figreign 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: Investment Signature of emember 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 ponalties of perjury that the facts stated herein me 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.)

FLOST - 19/05/2010 C T System Outline

John P. Witten, Authorized Representative

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 L	imited Liability Company is:		
Stonehange Community	Development LII B. LLC		
If unavailable, the alt	ernate to be used in the state of Plorida is:		
2. The name and the	Florida street address of the registered agent and office are:	2012 HAY	# Party
CTC	orporation System		and present
 -	(Name)	er a	r r
1200 S	outh Pine Island Road	7	e de la constitución de la const
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	9- 4-7. DAILE DAID -	3
Plant	ulon _{FT.} 33324	19	
	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.

By: CT Corporation System Connie Bryan

(Signature) Assistant Secretary

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

PLOST - 10/08/2010 C T System Online

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONEHENGE COMMUNITY DEVELOPMENT LII B, 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-SIXTH DAY OF APRIL, A.D. 2012.

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

5140625 8300

120478922

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

AUTHENTICATION: 9532708

DATE: 04-26-12