# 7/ 12/2 50 PA 1/ Ri Lax 155

Division of Corporations

Page 1 of 1

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090 Phone

: (407)839-4200

Fax Number

: (407)839-4264

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

Kelesidiss@richmanca

Foreign Limited Liability Company Apartments at Double Branch, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

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7/23/2012

| COVER LETTER   |   |
|--|---|
| TO: Registration Section Division of Corporations  |   |
| SUBJECT: Apartments at Double Branch, LLC  |   |
| Name of Limited Liability Company  |   |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor Existence, and check are submitted to register the above referenced foreign limited liability company to transact l  | rida," Certificate of<br>business in Plorida. |
| Please return all correspondence concerning this matter to the following:  |   |
| Kristi Dickison, Paralegal   |   |
| Name of Person   | _   |
| Broad and Cassel   |   |
| Firm/Company   | _   |
| 390 N. Orange Avenue, Suite 1400   |   |
| Address  | <del></del>                                   |
| Orlando, Florida 32801   |   |
| City/State and Zip Code  | _   |
| kdickison@broadandcassel.com   |   |
| E-mail address: (to be used for future annual report notification)   |   |
| For further information concerning this matter, please call:   |   |
| Kristi Dickison at 407 3481-5263   |   |
| Kristi Dickison at (407) 481-5263  Name of Person Area Code & Daytime Telephone Number   |   |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations   |   |
| Registration Section Registration Section P.O. Box 6327 Clifton Building   |   |
| Tallahasaoc, FL 32314 2661 Executive Center Circle Tallahasaoc, FL 32301   |   |
| Enclosed is a check for the following amount:  [Status]  Status  Statu |   |

#### 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 LUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  | FOREIGN                   |
|---|---------------------------|
| 1. Aparlments at Double Branch, LLC  (Name of Foreign 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 a consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lis Company," "L.L.C," "LLC.")   | —<br>ne written<br>bility |
| Delaware     (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |                           |
| 4. July 19, 2012  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will coare; cariat or "perpetual")  |                           |
| 6. Upon filling  (Date first transacted business in Florida, If prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)   | 2                         |
| (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 477 S. Rosemary Avenue, Sulte 301, West Palm Beach, Florida 33401  | 23                        |
| (Street Address of Principal Office)  |                           |
| B. If limited liability company is a manager-managed company, check here  | Ca.                       |
| <ol> <li>The name and usual business addresses of the managing members or managers are as follows:</li> <li>Double Branch GP, LLC</li> </ol>  |                           |
| 477 S. Rosemary Avenue, Sulte 301   | <del>-</del>              |
| West Palm Beach, Florida 33401  | -                         |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of 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 each of the translator must be submitted.)   |                           |
| 11. Nature of business or purposes to be conducted or promoted in Florida; ownership of membership interest of apartment polyplex owner   | <u>.</u>                  |
|   | <b>_</b> '                |
| Signature of a member or an authorized representative of a member.  (In accordance with action 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perfure 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 follows as provided for in s.817.155, F.S.)  Kristin M. Miller |                           |
| 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:  Apartments at Double Branch, LLC |             |
|--|-------------|
| If unavailable, the alternate to be used in the state of Florida is:               |             |
| 2. The name and the Florida street address of the registered agent and office are: | 12 J        |
| The Richman Group of Florida, Inc. (Name)  | FILE ANASSI |
| 477 S. Rosemary Avenue, Suite 301 Plorida Street Address (P.O. Box NOT ACCEPTABLE) | EF FLO      |
| West Palm Beach PL 33401 City/State/Zip  | ROA         |

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.

(Signature)

\$ 100,00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

## The First State

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APARTMENTS AT DOUBLE BRANCE, 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 TWENTIETH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APARTMENTS AT DOUBLE BRANCH, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2012.

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

5186640 8300

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

AUTHENTY CATION: 9723746

DATE: 07-20-12