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(((H12000191221 3)))



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EXAMINER

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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Morguard Woodbine LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited ompany," "L.L.C," "LLC.")	of the written Liability
2.	Oblaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. Application (FEI number, if applicable)	
4.	July 24, 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will ecal exist or "perpetual")	se to
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	2542 Williams Boulevard	
	Kenner, Louisiana 70062	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	er "
9,	The name and usual business addresses of the managing members or managers are as follows:	26
	Manager: Morguard NAR (U.S.) Holdings LLC	12.25
	2542 Williams Boulevard 第一	9
	Kenner, Louisiana 70062	
th	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod is jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langua anslation of the certificate under eath of the translator must be submitted.) 	
1	1. Nature of business or purposes to be conditated or promoted in Florida: All lawful business	<u> </u>
	permitted under the laws of the United States and of the State of Florida	*
	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 harein 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.)

07/26/2012

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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.

1. The name	of the Limited Liability Co	mpany is:		
Morguar	d Woodbine LLC		·	
lf unavailable	e, the alternate to be used in	the state of Florida is:		
2. The name	and the Florida street addre	ess of the registered agent and office a	are:	
	Contega Business Se	ervices, LLC		
		(Name)		
	One Independent D	Orive, Suite 1200		
		Address (P.O. Box NOT ACCEPTABLE)	. -	
	Jacksonville,	FL 32202 City/State/Zip	SECRET	
liability comp agent and agr relating to the	pany at the place designated ree to act in this capacity. I ge proper and complete perform my position as registered a	nd to accept service of process for the in this certificate, I hereby accept the difurther agree to comply with the proviscentage of my duties, and I am familiar gent as provided for in Chapter 608, Familiar Signature) Reek, Executive Vice Presi	above stated limited pappointment as registered sions of all statutes with and accept the solorida Statutes.	***
	_		ident	
	\$ 100. \$ 25.	.00 Filing Fee for Application .00 Designation of Registered Age	ent	
		.00 Certified Copy (optional)		

Certificate of Status (optional)

5.00

Delaware

DAGE 1

The First State

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

DELAWARE, DO HERBY CERTIFY "MORGUARD WOODBINE 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 JULY, A.D. 2012.

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

SECRETARY OF STATE
TAULAHASSEF, FI OF ISSUED

5188767 8300

120874298

You may verify this certificate online at corp. dalaware, gov/authver, shimi

AUTHENTICATION: 9736216

DATE: 07-26-12