## 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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number

: (850)B78-5368

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

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## Foreign Limited Liability Company LMI - Jacksonville Investor, LLC

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

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8/21/2012

CT CORPORATION

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### COVER LETTER

| TO:                | Registration Section Division of Corporation             | u .   |  |   |                             |
|--------------------|--|---|--|---|-----------------------------|
| SUBJE              | LMI - Jacks  |   |  |   |                             |
|                    |  | Name of   | Limited Liability Compan                             | У   |                             |
| The end<br>Existen | closed "Application by For<br>se, and check are submitte | reign Limited Liability<br>od to register the above | Company for Authorization referenced foreign limited | n to Transact Business in Florida," C<br>Hability company to transact busines | ertificate o<br>a in Florid |
| Please             | return all correspondence                                | concerning this matter                              | to the following:                                    |   |                             |
|                    | Althea Dye   |   |  |   |                             |
|                    |  |   | Name of Parson                                       |   |                             |
|                    | Lennar Corp  | oration   |  |   |                             |
|                    |  |   | Pinn/Company   |   |                             |
|                    | 700 NW 10  | 7th Avenue, Sul                                     |  |   |                             |
|                    |  |   | Address  |   |                             |
|                    | Miami, FL 3  | 3172  |  |   |                             |
|                    |  | CI  | ty/State and Zip Code                                | <del> </del>  |                             |
|                    | <u>althea.dye</u>  | r@lennar.com  |  |   |                             |
|                    |  | E-mail address: (to be                              | used for future annual repo                          | rt notification)  |                             |
| For furt           | her information concerning                               | g this matter, please ta                            | 14;  |   |                             |
|                    | Althea Dyer  |   | at 305 2<br>Area Code & Daytime Tele                 | 29-6400   |                             |
|                    | Name   | of Person   | Area Code & Daytime Tele                             | phone Number  |                             |
|                    | MAILING ADDRESS:<br>Division of Corporations             |   | RENT ADDRESS:<br>/islon of Corporations              |   |                             |
|                    | Registration Section                                     | Roj   | sistration Section                                   |   |                             |
|                    | P.O. Box 6327  |   | fton Bullding  |   |                             |
|                    | Tullahassee, FL 32314                                    |   | il Executive Center Circle<br>Jahassee, FL 32301     |   |                             |
|                    | ed is a check for the fa                                 |   |  |   |                             |
| L                  |  | \$130.00 Filling Pos &<br>Certificate of Status     | \$155,00 Filing For & Certified Copy                 | \$160,00 Filing Fee, Certificate of Status & Certified Copy                   |                             |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REG<br>UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF RLORIDA:   | BIER A FUREIGN           |
|--|--------------------------|
| LMI - Jacksonville Investor, LLC   |                          |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I  | IC:")                    |
| Marie Landson and Company of the Com | again a Cale a scraithan |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Li   | mited Liability          |
| Company," "L.L.C." "LLC.")   |                          |
| Delaware  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)  |                          |
| combants is organized)  (unuscicus much the law of Auren foreign number nearth)  |                          |
| 08/16/2012 5, perpetual  |                          |
| (Date of Organization) (Duration; Year limited liability company we exist or "porpotual")  | ili cense to             |
| ·<br>6.  |                          |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |                          |
| c/o Lennar Multifamily-Southeast, 750 Hammond Drive, Building 6, Suite   | 200 🚍 😓                  |
|  |                          |
| Atlanta, GA 30328 (Street Address of Frincipal Office)   | - 3                      |
| von v 20 (1)   | 21:<br>ASSE              |
| . If limited liability company is a manager-managed company, check here  |                          |
| . The name and usual business addresses of the managing members or managers are as follow  | /s: FLO <b>38</b>        |
| Lennar Multifamily Investors, LLC  |                          |
| 201 South Tryon, Suite 1050  | A F                      |
|  |                          |
| Charlotte, NC 28202  |                          |
| 0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having o   |                          |
| ie jurisdiction under the law of which it is organized, (A photocopy is not acceptable. If the certificate is in a foreign le<br>anslation of the certificate under oath of the translator must be submitted.)   | uමාණය අ                  |
| ·  |                          |
| 1. Nature of business or purposes to be conducted or promoted in Florida:  |                          |
| Purchase, development, and sale of real estate.  | *                        |
|  |                          |
| Signature of a member or an authorized representative of a member.   | th-                      |
| (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under penaltics of perjuty that the facts stated herein are true. I am aware that any false information submitted  | d in e                   |
| document to the Department of State constitutes a third degree followy as provided for in a.817.15.  Mark Sustana  | >, f.S.)                 |
| 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.

|   | ne of the Limited Liability Com   | •  |   |
|---|---|--|---|
|   | acksonville Investor, L   |  |   |
| If unavailab                                    | ble, the alternate to be used in th   | e state of Florida is:   |   |
| 2. The nam                                      | ne and the Florids street address   | of the registered agent and office are:  | 50 <b>%</b>   |
|   | C T Corporation System  | n  | 12 AUG 21<br>SLONG AK<br>FALLAHASS                    |
| ,   |   | (Name)   | 321<br>321<br>ASS                                     |
| 1200 South Pine Island Road                     |   | nd Road  | ~~~~ □  |
|   | Florida Street Add  | iress (P.O. Box NOT ACCEPTABLE)  | FF SI   |
|   | Plantation,   | PL 33324   | ORITI   |
|   |   | City/State/Zip   | A   |
| liability com<br>agent and ag<br>relating to th | pany at the place designated in tigres to act in this capacity. I further proper and complete performation position as registered agent | to accept service of process for the above stated his certificate, I hereby accept the appointment the agree to comply with the provisions of all stance of my duties, and I am familiar with and act as provided for in Chapter 608, Florida Statute Madonna  Special Assista | as registered<br>atules<br>cept the<br>es.<br>Cuddity |
|   | (Signe  |  | •   |
|   | \$ 100.00<br>\$ 25.00   | Filing Fee for Application Designation of Registered Agent   |   |
|   | \$ 30.00  | Certified Copy (optional)  |   |

\$ 5.00 Certificate of Status (optional)

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LMI - JACKSONVILLE INVESTOR, 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 SIXTEENTH DAY OF AUGUST, A.D. 2012.

120942814

DATE: 08-16-12