Florida Department of State Division of Corporations

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jkalota@northfloridalaw.com Email Address:

> Foreign Limited Liability Company Morguard Blue Isle LLC

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B. KOHR

SEP - 7 2012

EXAMINER

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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 FOREIGN

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| 1. Morguard Blue Isle 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 3. 90-0881455 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. August 13, 2012 5. Perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 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 |
| 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: Manager: Morguard NAR (U.S.) Holdings LLC |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Manager: Morguard NAR (U.S.) Holdings LLC |
| 2542 Williams Boulevard |
| Kenner, Louisiana 70062 |
| 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; All lawful business |
| permitted under the lawe of the United States and of the State of Florida |
| Assistant and the second and the sec |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608,408(3), P.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.) |
| Lacob R Peek Authorized Penrapentative |

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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 Company is: |
|---|
| Morguard Blue Isle 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: |
| Contega Business Services, LLC |
| (Name) |
| One Independent Drive, Suite 1200 Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Florida Sireet Addiess (F.O. Box NOT ACCAPTABLE) |
| Jacksonville, _{FL} 32202 |
| 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-farther 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) By: J. Jacob R. Peek, Executive Vice President |
| |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent |
| \$ 30.00 Certified Copy (optional) |
| \$ 5.00 Certificate of Status (optional) |

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MORGUARD BLUE ISLE 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-NINTH DAY OF AUGUST, A.D. 2012.

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

5197967 8300

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You may verify this certificate chlim at corp.delaware.gov/authver.shtml Jeffrey W. Bullock, Secretary of State

DATE: 08-29-12