## Division . Division of Corporations

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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 : (950)878-5368

\*\*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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NOV -5

#### Foreign Limited Liability Company VR CYPRESS POINTE GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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11/5/2012

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Please file these (2) Simultaneously.

#1 - GP of LP -VR Cypress Pointe GP UC

# 2 - LP Filing -VR Cypress Pointe Limited Partnership

### 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:

	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
consent o	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the if the managers or managing members adopting the alternate name. The alternate name must include "Limited Liable", ""L.L.C," "LLC.")	written lity	
2. Delaw	vace 3, not yet obtained		
Duried	iction under the law of which foreign limited liability (FEI number, if applicable) ny is organized)	•	
4.	11/2/2012 5 Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•	
5			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. <u>711 V</u>	Vest Bay Area Blvd., Suite 602	•	
Webst	er, TX 77598		
	(Street Address of Principal Office)		
TOI			
. II lim	nited liability company is a manager-managed company, check here		
	nited liability company is a manager-managed company, check here		
	name and usual business addresses of the managing members or managers are as follows:		
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. The r	name and usual business addresses of the managing members or managers are as follows:		
. The r	name and usual business addresses of the managing members or managers are as follows:	<del>.</del> .	
VR G	name and usual business addresses of the managing members or managers are as follows: eneral Partner LLC, 711 West Bay Area Blvd., Suite 602, Webster, TX 77598		
VR G	name and usual business addresses of the managing members or managers are as follows:  eneral Partner LLC, 711 West Bay Area Blvd., Suite 602, Webster, TX 77598  ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official baying custody of reco	 ords in	
VR G	name and usual business addresses of the managing members or managers are as follows:  eneral Partner LLC, 711 West Bay Area Blvd., Suite 602, Webster, TX 77598  ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recotion under the law of which it is organized. (A photocopy is not acceptable, If the certificate is in a foreign language, a		
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VR G	teneral Partner LLC, 711 West Bay Area Blvd., Suite 602, Webster, TX 77598  ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rection under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the certificate under oath of the translator must be submitted.)  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 saized beginning are true. I am aware that any false information submitted in a secondary constituted in a secondary constituted in a secondary constituted in a secondary constitutes an affirmation under the penalties of perjury that the facts saized beginning are true. I am aware that any false information submitted in a secondary constituted in a se	12 NOV -5 PM 1: 1	•

PL037 - 10/03/2010 C T System Calline

## 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	e of the Limited Liabilit	y Company is:	
VR Cypress P	ointe GP LLC		
lf unavailabl	le, the alternate to be use	ed in the state of Florida is:	
2. The nume	e and the Florida street a	address of the registered agent and office are:	
	C T Corporation System	•	
		(Name)	
	1200 South Pine Island [	Rовd	
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL, 33324	
		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.

C T Corporation System

By:

(Signature) Michael Jones, 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)

L057 - 10/05/2010 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 "VR CYPRESS POINTE GP 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 SECOND DAY OF NOVEMBER, A.D. 2012.

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

5236348 8300

121191692

You may varify this certificate online at corp.delsware.gov/authvar.shtml

AUTHENTY CATION: 9960285

DATE: 11-02-12

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