

Jan. 9, 2013 12:02PM SALVATORI & WOOD

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

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

Email Address: scs@swbnaples.com

Foreign Limited Liability Company  
Seasons at Fountain Lakes, LLC

Certificate of Status	0
Certified Copy	1
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No. 9045 P. 2

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CR2E027 (9/10)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seasons at Fountain Lakes, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Leo J. Salvatori

Name of Person

Salvatori, Wood & Buckel

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

scs@swbnaples.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo J. Salvatori

Name of Person

239

at ( )

552-4100

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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SALVATORI & WOOD

No. 9045 P. 3

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## Salvatori, Wood & Buckel

ATTORNEYS AT LAW

9132 Strada Place, Fourth Floor, Naples FL 34108-2683

Leo J. Salvatori  
Direct: 239.552.4106  
Email: [ljs@swbnaples.com](mailto:ljs@swbnaples.com)

Tel: 239.552.4100  
Fax: 239.649.1706  
Web: [www.swbnaples.com](http://www.swbnaples.com)

January 9, 2013

### VIA E-MAIL

Division of Corporations  
Registration Section  
Clifton building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Seasons at Fountain Lakes LLC – Qualification to Transact Business in State of  
Florida  
SWB File No. 10375-00002

Dear Sir/Madam:

I am writing regarding the following Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida which I am filing on behalf of Seasons at Fountain Lakes, LLC, a Delaware limited liability company ("Seasons – Delaware").

Seasons at Fountain Lakes, LLC was originally formed as a Florida limited liability company ("Seasons – Florida"). Seasons – Florida was recently converted into a Delaware LLC. Since Seasons – Delaware will be transacting business in Florida, I am now filing the Application.

If you have any questions regarding this matter, please do not hesitate to contact me.  
Thank you.

Sincerely yours,

SALVATORI WOOD & BUCKEL

Leo J. Salvatori

LJS/scs

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

## 1. Seasons at Fountain Lakes, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3. 20-0059411

(FEI number, if applicable)

## 4. August 3, 2012

(Date of Organization)

## 5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

## 6. December 31, 2012

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

## 7. 12809 Topping Meadows

St. Louis, MO 63131

(Street Address of Principal Office)

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:

Eric Morgan, Manager

12809 Topping Meadows

St. Louis, MO 63131

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: Apartment Rentals

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 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.)

Leo J. Salvatori, Authorized Representative

Typed or printed name of signer

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FILED  
13 JAN - 9 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

**Seasons at Fountain Lakes, 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:

**Salvatori, Wood & Buckel**

(Name)

**9132 Strada Place, Fourth Floor**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

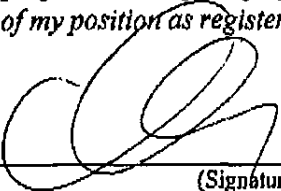
**Naples**

FL

**34108**

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.*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEASONS AT FOUNTAIN LAKES, 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 NINTH DAY OF JANUARY, A.D. 2013.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0131051

DATE: 01-09-13

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