# H1300000675

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| FEB -1 2013<br>L. SELLERS               |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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| CORPDIRECT AGE<br>515 EAST PARK AV<br>TALLAHASSEE, FL<br>222-1173  | ENUE ,        | merly CCRS)   |                           |  |  |  |
|--|---------------|---|---------------------------|--|--|--|
| FILING COVER :<br>ACCT. #FCA-14  | SHEET         |   |                           |  |  |  |
| CONTACT:   | KATIE WO      | NSCH  |                           |  |  |  |
| DATE:  | 01/31/2013    |   |                           |  |  |  |
| REF. #:  | 001988.180238 |   |                           |  |  |  |
| CORP. NAME:  | MORGUARI      | D WATERMARK APARTMEN  | <u>rs llc</u>             |  |  |  |
| ( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( XX ) FOREIGN QUAL ( ) REINSTATEMENT ( ) CERTIFICATE OF O ( ) OTHER: | IFICATION     | ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER |                           |  |  |  |
|  |               | TH CHECK# 103246<br>COUNT IF TO BE DEBITE   |                           |  |  |  |
|  |               | COST L  |                           |  |  |  |
| PLEASE RETU  | RN:           |   |                           |  |  |  |
| ( ) CERTIFIED COPY   | Y ()CE        | ERTIFICATE OF GOOD STANDING   | ( XX ) PLAIN STAMPED COPY |  |  |  |
| ( XX ) CERTIFICATE   | OF STATUS     |   |                           |  |  |  |

Examiner's Initials

CR2E027 (9/10)

#### COVER LETTER

| TO;               | Registration Section<br>Division of Corporations   |   |   |   |
|-------------------|--|---|---|---|
| SŲBJI             | BCT: MORGUARD WATE                                 |   | LLC<br>ted Liability Company                | <del></del>   |
| The en<br>Exister | closed "Application by Forei                       | gn Limited Lizbility Comp<br>to register the above refere | emy for Authorization to Tra                | unsact Business in Florida," Certificate of company to transact business in Florida |
| Please            | return all correspondence cor                      | ncerning this matter to the                               | following:                                  | ·   |
|                   |  | Na  | me of Person                                |   |
|                   | Morguard NA  | R (U.S.) Holdings   |   | ·   |
|                   |  | Für   | m/Company                                   |   |
|                   | 2542 William                                       | Blvd.   |   |   |
|                   |  |   | Address                                     |   |
|                   | Kenner, LA 7                                       | 0062_   | ·   |   |
|                   | <del></del>  | City/St   | ate and Zip Code                            |   |
|                   | bflynn@morgu                                       |   |   |   |
|                   | E  | i-mail address: (to be used                               | for future annual report noti               | nestion)  |
| For fu            | rther information concerning                       | this matter, please call:                                 |   |   |
|                   |  |   |   | ***   |
|                   | Beverly Flynn Name of                              | Person Area   | at (905 ) 281-5<br>Code & Daytime Telephone |   |
|                   |  |   | •   |   |
|                   | MAILING ADDRESS:                                   |   | T ADDRESS:                                  | •   |
|                   | Division of Corporations<br>Registration Section   |   | n of Corporations<br>ation Section          |   |
|                   | P.O. Box 6327                                      |   | Building                                    |   |
|                   | Tallahassee, FL 32314 2661 Executive Center Circle |   |   |   |
|                   |  |   | ssee, FL 32301                              |   |
| Finele            | osed is a check for the fo                         | llowing amount:   |   |   |
| بالمنالئيد        | S125.00 Filing Fee                                 | ☐ \$130.00 Filing Fee &                                   | 13 \$155.00 Filing Fee &                    | S160.00 Filing Fee, Certificate   |
|                   |  | Certificate of Status                                     | Certified Copy                              | of Status & Certified Copy  |
|                   |  |   |   | •   |

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

IN COMPLIANCE WITH SECTION 608506, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. MORGUARD WATERMARK APARTMENTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," 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)  (FEI number, if applicable)   |
| 4. O1/24/2013  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6. (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. 2542 Williams Blvd., Kenner, LA 70062  |
| (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:  Morgnard NAR (U.S.) Holdings LLC  |
| 2542 Williams Blvd.   |
| Kenner, LA 70062  10. Attached is an original certificate of existence, no more fran 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 eath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida:   |
| Real Estate Management Company  |
| See Schedule 1 Attached 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 fellowy as provided for in a.817.155, 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 UNDERSKENED 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 WA            | ATERMARY APARTMENTS LLC  |  |
| If unavailable, the al | lternate to be used in the state of Florida is:                                    |  |
| 2. The name and the    | e Florida street address of the registered agent and office are:                   |  |
|                        | Contegs Business Services, LLC (Name)  |  |
| •                      | One Independent Drive, Suite 1200 Florida Street Address (P.O. Box NOT ACCEPTABLE) |  |
|                        | LIGHER STANDED (L'A' DOY MAIL VETELINDE)   |  |
| ,                      | 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 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.

By: Matthew S. Pottfee, Executive Vice Prosident

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 38.88 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

13 JAN 31 AH 10: 00

#### SCHEDULE 1

TO

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

This the 31st day of January, 2013.

MORGUARD WATERMARK APARTMENTS LLC, a Delaware limited liability company

By: Morguard NAR (U.S.) Holdings LLC, a Delaware limited liability company

Name: Guy M. Chennie

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MORGUARD WATERMARK APARTMENTS 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-FOURTH DAY OF JANUARY, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORGUARD WATERMARK APARTMENTS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2013.

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

5279406 8300

130085644

Jeffrey W. Bullack, Secretary of Sta AUTHENTYCATION: 0168111

DATE: 01-24-13

You may verily this certificate online at corp. delaware.gov/authver.shtml