Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000027178 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)878-5368

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

Emmil	Address:			

Foreign Limited Liability Company GSG Residential Stonybrook Member LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

FEB - 5 2013

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/4/2013

2609889998

EZ:91 E10Z/b0/Z0

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:

J. GS	G Residential Stonybrook Mamber LLC (Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Com	pany. W. L. C. Wor "I	.LC."Y	-
	(14mic of Foreign Diffined Liability Company, most dicti	Ate Divined Elebinity Comp	, a.g., a.a., or -	, ,	
CONSCI	ne unavailable, enter alternate name adopted for the purport of the managers or managing members adopting the alterny," "L.L.C," "LL.C.")	se of transacting business in mate name. The alternate re	Florida and attach a ame must include "Li	copy of the mited Liabi	written lity
7	ename	3.			13
(Jur	sdiction under the law of which foreign limited liability puny is organized)		er, if applicable)	E TAS	[E
4. Ja	nuary 16, 2013	5. perpetual		\$5.50 \$2.50	_£_
·· 	(Dute of Organization)	(Duration: Year limite exist or "perpetual")	d liability company w	rill couse to	PH
6. U	oon registration			7.C.C	<u> 3</u> :- (
_	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	orida, if prior to registration L to determine penulty liabil	i.) ity)	g. n	دن هه
_ 18	Broad Street, 3rd Floor, Charleston SC 29401	•			
'· <u> </u>					_
	(Steen Address)	of Principal Office)			_
	(Street Address	or macipal office)			
8. If	limited liability company is a manager-managed	company, check here			
9 TI	e name and usual business addresses of the mar	naging members or mag	nagers are es follo	ws:	
	SG Residential Portfolio LLC, 18 Broad Street, 3rd Floor	-	g		
_	NO Residential Portion of LLC, 18 Broad Street, 314 Prob.	r, Charleston SC 29401			
	·				
				··· - · · · · · · · · · · · · · · · · ·	
					_
the jur	trached is an original certificate of existence, no more than 90 isdiction under the law of which it is organized. (A photoco tion of the certificate under eath of the translator must be su	my is not acceptable. If the o			
11. 1	Nature of business or purposes to be conducted of	or promoted in Florida:	Indirect real estate i	nvestment	
	d any and all related activities	promoted in a fortula.			
					- ·
	SEE ATTACHMENT A				
	Signature of a member or an ar				
	(In accordance with section 608.408(3), F.S., the exe penalties of perjury that the facts stated herein are to document to the Department of State constitute	ue. I am aware that any false	trimdus autaanalai s	ed in a	
	Typed or printer	d name of signee			

FLBS7 - 12:03/2012 Wokers Kluwer Unline

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 GSG Residential Stonybrook Member LLC	201 1A.L.		
If unavailable, the alternate to be used	in the state of Florida is:	2013 FEB -4	E)
2. The name and the Florida street address of the registered agent and office are:		700	Ti
	C T Corporation System (Name)	·	
1200 South Pine Island Road Florida Strest Address (P.O. Box NOT ACCEPTABLE)			
		_	
Plantation	FL 33324		
	City/State/Zin	-	

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.

S 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

S 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)

FLOST - 12/03/2012 Wohale Kluwer Online

ATTACHMENT A SIGNATURE PAGE TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

GSG RESIDENTIAL STONYBROOK MEMBER LLC

DATE: February 4, 2013

GSG RESIDENTIAL STONYBROOK MEMBER LLC,

a Delaware limited liability company

GSG Residential Portfolio LLC,

a Delaware limited liability company,

its Member

Broad Street Principal Investments, L.L.C., a Delaware Impited liability company, By:

a Member

Name: Pater Wedman

Authorized Representative

Delaware

D 3 /3 F

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELANARE, DO HEREBY CERTIFY "GSG RESIDENTIAL STONYBROOK MEMBER
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 ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5275718 8300

130085256

You may verify this certificate online at cosp. delaware.gov/guthyes.shtml

Jeffrey W. Bullpck, Secretary of State
AUTHENTICATION: 0166126

DATE: 01-24-13

05/04/5013 10:53 8626336092