

Division of Corporations
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Tot

Division of Corporations

Fax Number

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From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : 119980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

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

Brasi Address, behant@jdflaw.com

3 MAR 15 AM 9:53 ECRETARY OF STATE Foreign Limited Liability Company Apartments at Sunrise, LLC

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Estimated Charge	\$160.00

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March 14, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BROAD AND CASSEL

SUBJECT: APARTMENTS AT SUNRISE, LLC

REF: W13000014961

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod Regulatory Specialist II FAX Aud. #: H19000058023 Letter Number: 313A00006036

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13 MAR 15 AM 9: 53

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

SHA SHA OLIVERY

CR28027 (9/10)

COVER LETTER

TO

Registration Section: Division of Corporations

Apartments at Sunrise, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization in Transput Business in Florida," Certificate of Exlatence, and shock are submitted to register the above referenced foreign limited hability company to transput business in Florida.

Please return all correspondence concerning this matter to the following:

Kristi Dickison
Name of Person
Broad and Cassel
Fitm/Company
390 N. Orange Ave, Suite 1400
Address
Orlando, Florida 32801
City/State and Zip Code
behant@jdflaw.com
E-mail address; (to be used for fining administration notification):

For further information concerning this matter, please call:

Kristi Dickison

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations. Registration Section P.O. Box 6327

Tellabateco, FL 32314

STREET ADDRESS: Division of Corporations Registration Scotton Clifton Building

2661 Executive Ceitter Circle: Tallahastee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filling Peo.& Cartificate of Status

☐ \$155:00 Filing Fee & Certified Copy

■ \$160.00 Filing Rep. Centificate of Status & Contilled Copy

THE STATE OF THE S

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

(Name of Foreign Limited Liability Company, smartingly	the "Limited Liability Company," "LLC," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpor consent of the managers or managing members adopting the alter Company," "LLC," "LLC.")	le of Yrausacting business in Florids and strack a copy of the write nafe name. The alternate name runst include "Limited Lightilly.
2. Delaware	90-0946430
(Jurisdiction under the law of which foreign limited liability company is briganized)	(PBI mymber, if applicable)
4 March 5, 2013	Perpetual
(Date of Organization)	(Duration: Year limited liability company will coase to exist or "perpetual")
6. upon filing	
(Date first transacted business in Flo (See sections 608,501 & 608,502 F.S.	aride, if prior to registration.)
7 477 S. Rosemary Avenue, Suite 301	
West Palm Beach, Florida 33401	
(Street Address	of Principal Office)
8. If limited lightlity company is a manager-managed	company, check here
9. The name and usual business addresses of the mane	iging members or managers are as follows:
Sunrise Member, LLC	
477 S. Rosemary Avenue, Suite 30	1
West Palm Beach, Florida 33401	
10. Attached is an original certificate of statesics, no more than 90 in jurisdiction, under the law of which it is organized. (A photosop translation of the certificate under original registrations at the early	y is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be educated or	promoted in Florida:
any activity or business beamined uniter the law	· · · · · · · · · · · · · · · · · · ·
WIND	

Signature of a member or an authorized representative of a member.

(In accordance with section 508.408(3), R.S., the execution of this document constitutes as silimention under the penalities 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 ponatitutes a third degree felony as provided for in s.R. 7.155, F.S.)

William T. Fabbri, EVP of Sole Member

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 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Company is: Apartments at Sunrise, 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 a	re:	

The Richman Group of Florida, Inc.

477 S. Rosemary Avenue, Suite 301
Florida Street Address (P.O. Box NOT ACCEPTABLE)

West Palm Beach 33401

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)

S 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APARTMENTS AT SUNRISE, 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 SEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID *APARTMENTS AT SUNRISE, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2013.

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

130288504



DATE: 03-07-13