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.

(((H13000084585 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:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023 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. **

Email Address:

Foreign Limited Liability Company NIC 4 BAYSIDE TERRANCE OWNER LLC

Certificate of Status	0
Certified Copy	· 1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

4/15/2013

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

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECEISER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-NIC 4 Bayside Terrace Owner 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 in the process of applying for number (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) April 5, 2013 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) upon qualification (Date first transacted business in Piorida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) c/o FIG LLC, 1345 Avenue of the Americas, New York, New York 10105 ĕn ≪ (Street Address of Principal Office) co Q 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: > NIC 4 Florida Owner LLC, c/o FIG LLC, 1345 Avenue of the Americas, New York, New York 10105 Attached is an original certificate of existence, no more than 90 days old, duty 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 fareign language, a translation of the certificate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real estate and senior living 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 possities 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 falony as provided for in a.817.155, F.S.)

Typed or printed name of signee

Army Allen, Authorized Person

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.

NIC 4 Bay	side Terrace (wner LLC		
If unavailable	, the alternate to b	e used in the	e state of Florida is:	
2. The name	and the Florida str	eet address	of the registered agent and office are:	
		CT	Corporation System	
,	(Name)			
				8/5
	1200 South Pine Island Road		_ <u> </u>	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		rico ∰ini	
	Plantation		FL 33324	
		•	City/State/Zip	
liability compo registered age statutes relativ	iny at the place de nt and agree to ac ig to the proper an igations of my pos	signated in t it in this capa id complete j	to accept service of process for the above s his certificate, I hereby accept the appoint acity. I further agree to comply with the pr performance of my duties, and I am familia stered agent as provided for in Chapter 60	ment as ovisions of all ar with and
		M / I	0.4	
	By: Kathy	& UL_	ature)	
	Kathryn A. Wi	ddoes, Ass	sistant Secretary	
		\$ 100.00	Filing Fee for Application	
		3 100.00	Little Loc for Whatergon	
		\$ 25.00 \$ 30.00	Designation of Registered Agent	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NIC 4 BAYSIDE TERRACE OWNER 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 FIFTEENTH DAY OF APRIL, A.D. 2013.

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

5315654 8300

130434676

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

 $\mathbf{\mathcal{L}}$

DATE: 04-15-13