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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850) 222-1092

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

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Foreign Limited Liability Company NLP HOMES, LLC

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Corporate Filing Menu

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APR 2 3 2013

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

T. HAMPTON

4/22/2013

EX.

CR25027 (9/10)		COVER LETTER	· ·
	riration Section Ion of Corporations		
SUBJECT:	NLP Homes, LLC		
SOBSECT: _		Name of Limited Liability Com	pany
The enclosed " Existence, and	'Application by Foreign Limited check are submitted to register t	Liability Company for Authoriza he above referenced foreign limit	ation to Transact Business in Florida," Certificate of the liability company to transact business in Florida
Please return a	ill correspondence concerning thi	s matter to the following:	
	Tracy Descritela	•	
		Name of Person	
	NLP Homes, LLC		
		Firm/Company	
	665 Simonds Road		
	<u></u>	Address	
	Williamstown, MA 01267		
		City/State and Zip Code	
	triosautals@nlpfinanca.com		•
	E-mail addre	as: (to be used for luture annual r	report notification)
For further info	ormation concerning this matter,	plense call:	
Tracy	Desautols	413 at (458-4534
-	Name of Person	Area Code & Daytime	Telephone Number
Divisio Regist P.O. B	LING ADDRESS; on of Corporations tration Section 30x 6327 ussee, PL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcie
Enclosed is a	a check for the following an	nount:	
	15.00 Filing Fee □ \$130.00 F		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. NLP Homes, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	7	-
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	of the v	vritten ty
2. Dolaware 3. 46-1520349		
(Yurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	,	
4. 12/3/2012 5. perpetual.		
(Date of Organization) (Duration: Year limited liability company will consist or "perpetual")	ase to	
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	13	. DIS
665 Simonds Road, Williamstown, MA 01267	AP F	SICR
lie	R 22	FIAR OF C
(Street Address of Principal Office)	7	. जुर्
8. If limited liability company is a manager-managed company, check here	# ;;	F STATE GRATIONS
9. The name and usual business addresses of the managing members or managers are as follows:	0	SNOTE
American Land Partners, Inc.		
665 Simonds Road		
Williamstown, MA 01267		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a flurign large translation of the certificate under oath of the translation must be submitted.)	xdy of re page, a	cords in
11. Nature of business or purposes to be conducted or promoted in Florida:		ı
Construction of single family homes and any other lawful business	1.1.1.1.1.1	,
TATO AND		
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.408(1), F.S., the excellion 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 a.817.155, F.		
Timothy D. Smith	•	
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.

1. The name of NLP Homes, LL	of the Limited Li C	lability Comp	any is:	•				
If unavailable, the alternate to be used in the state of Florida is:								
2. The name a	and the Florida s	treet address	of the registered agent and office an	e:				
		CI	Corporation System					
			(Nama)					
		1200	South Pine Island Road					
	Pi	orida Street Add	iress (P.O. Box NOT ACCEPTABLE)					
	Plantation		FL 33324					
			City/State/Zip	- -				
liability compa registered ager statutes relatin	my at the place d nt and agree to a g to the proper a	lesignated in t ct in this capa ind complete p	List the Land	opointment as the provisions of all familiar with and				
	,	\$ 100.00	Filing Fee for Application	13 DIV				
		\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)	APR				

\$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NLP HOMES, 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-SECOND DAY OF APRIL, A.D. 2013.

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

5251385 8300

130464567

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

AUTHENTICATION: 0375041

DATE: 04-22-13