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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07-23-13

NAME:

ICON RESIDENTIAL HOUSING LLC

TYPE OF FILING: FOREIGN APPLICATION

COST:

\$155,00

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Icon Residential Housing LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tr Existence, and check are submitted to register the above referenced foreign limited liability	
Please return all correspondence concerning this matter to the following:	
Capitol Services Corporate Filings Team	
Name of Person	
Capitol Services, Inc.	
Firm/Company	
800 Brazos, Suite 400	
Address	
Austin, TX 78701	
City/State and Zip Code	
j.iacono@verizon.net and srfieldlaw@aol.c E-mail address: (to be used for future annual report notion	
For further information concerning this matter, please call:	ANNUAL REPORT NOTHICA HONSII
at (800) 345	-4647
Name of Person Area Code & Daytime Telephone	Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	23 AM 9 51. ASSEE, FLORIDA
Enclosed is a check for the following amount: \$\int\\$\$125.00 Filing Fee \tag{S130.00 Filing Fee & Certificate of Status}\$\$ \$\int\\$\$Certificate of Status	160.00 Filing Fee, Certificate of Status & Certified Copy

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 LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

· · · · · · · · · · · · · · · · · · ·
I. Icon Residential Housing LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.L.C.")
(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 taw of which foreign limited liability company is organized) 3. (FBI number, if applicable)
4. July 22, 2013 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8 West 19th Street, 7th Floor
New York, New York 10011
(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: Joseph Iacono, Manager
Joseph Iacono, Manager
8 West 19th Street, 7th Floor
New York, New York 10011
10. Attached is an original certificate of existence, no more than 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, properties the partial of the translator must be submitted.)
11. Nature of business or purposes to be epiducted or promoted in Florida; own or invest in residential homes
A
Signature of a prember or an authorized representative of a member,
(In accordance with rection 608.408(3), F.S., the execution of this document constitutes on affirmation under the penalties of perhits that the facts stated herein are true. I am aware that any falso information submitted in a clocument to the Department of State constitutes a third degree follows as provided for in \$.817.155, F.S.)
Joseph Iacono
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 the Limited Liability Company is:
Icon Residential Housing 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 are:
Capitol Corporate Services, Inc.
(Name)
155 Office Plaza Dr Ste A
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
Olly/Ollifo/Zap
Having been named as registered agent and to accept service of process for the above stated limited. Idability 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 in relating to the proper and complete performance of my duties, and I am familiar with and accept the obbligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.
Cayle Wudle of Capitol Corporate Services, Inc.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ICON RESIDENTIAL HOUSING 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-THIRD DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICON RESIDENTIAL HOUSING LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2013.

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

5371287 8300

130906384

AUTHENTY CATION: 0606706

DATE: 07-23-13

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