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DATE:

7/29/13

NAME:

TAURUS SPRING HILL FLORIDA GP LLC

TYPE OF FILING: APPLICATION

COST:

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RETURN:

CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/RAUL

CR2E027 (9/10)

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Taurus Spring Hill Florida GP LL	c	
SOBJECT		Name of Limited Liability Company	_
		liability Company for Authorization to Transact Busines a above referenced foreign limited liability company to t	
Please retur	n all correspondence concerning this	matter to the following:	
	Douglas MacLean		
		Name of Person	201
	Armor Compliance		ن بازد الله الله الله الله الله الله الله الل
		Firm/Company	
	22 Batterymarch Street		
	No. of Contract of	Address	1 9: 4.0
	Boston, MA 02109		5 to
		City/State and Zip Code	
	dmaclean@armoreompliance.co	òm	
	E-mail addres	s: (to be used for future annual report notification)	•
For further	information concerning this matter, p	lease call:	
D	ouglas F. MacLean	at ()	
	Name of Person	Arca Code & Daytime Telephone Number	
Di Ro P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Universe, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following am \$125.00 Filing Fee S130,00 F Certificate	iling Fee & 🔲 \$155.00 Filing Fee & 🖃 \$160.00 F	Filing Fee, Certificate & 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN TE	HE STATE OF FLORIDA:	
1. Taurus Spring Hill Florida GP LLC		
(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or	'LLC.'")
(If name unavailable, enter alternate name adopted for the purpoconsent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")		
2. Delaware	3 46-3271907	
(Jurisdiction under the law of which foreign limited liability company is organized)	3. 46-3271707 (FEI number, if applicable)	manife manife manife (q. d. 1914)
4. July 18, 2013	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
,	emer or Ferbasse,	2013 JUL
6. (Date first transacted business in F (See sections 608.501 & 608.502 F.S.)	lorida, if prior to registration.)	
	S. to determine penalty hability)	D
7. 22 Batterymarch Street		43 9
Boston, MA 02109		29 AM S
(Street Address	s of Principal Office)	31V18 31V18 01:6
8. If limited liability company is a manager-managed	• , —	
9. The name and usual business addresses of the man Taurus Investment Holdings, LLC	naging members or managers are as folio)ws:
22 Batterymarch Street		<u></u>
Boston, MA 02109		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoecutanslation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a forci	
11. Nature of business or purposes to be conducted of	or promoted in Florida: To serve as the ger	eral
partner of a limited partnership that owns real estate and an	y other lawful activity under applicable law.	
Dauges d.	Mac Iran	
Signature of a member or an a	uthorized representative of a member.	
	ccution of this document constitutes an affirmation un rue. I am aware that any false information submit	
document to the Department of State constitute	es a third degree felony as provided for in s.817.	155, F.S.)
Douglas F. MacLean		

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.

If unavailable	, the alternate to be used in the state of Florida	is:		
p+,+			26	
2. The name	and the Florida street address of the registered	agent and office are:	2013 JUL	•-(*
	NRAI Services, Inc.		29	
	(Name)	**************************************	3 3	1
	1200 South Pine Island R	oad	17.15 17.15 17.15 17.15	t ",
	Florida Street Address (P.O. Box NO	T ACCEPTABLE)		
	Plantation FL 33	3324		
	City/State/Zip			

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.

NRAI Services, Inc.

By:

(Signature)

Brian Smith, Asst. Socretrary

\$ 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 "TAURUS SPRING HILL FLORIDA GP 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-NINTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAURUS SPRING HILL FLORIDA GP LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2013.

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

2013 JUL 29 AM 9: 40

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AUTHENTY CATION: 0622120

DATE: 07-29-13

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