Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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 Stonehenge Community Development LXV, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

AUG 1 6 2013

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Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)	COVER LETTER	
TO: Registration Section Division of Corporations		
Stonehenge Commun	nity Development LXV, LLC	,
	Name of Limited Liability Company	
The enclosed "Application by Foreig Existence, and check are submitted to	ign Limited Liability Company for Authorization to Transact Business in Florida,* (to register the above referenced foreign limited liability company to transact busine	Certificate of as in Florida
Please return all correspondence cor	ncerning this matter to the following:	
John P. Witten	70° (a	201
	Name of Person	; ⊒ 3>
Stonehenge Capita	al Company, LLC	2013 AUS 5
	Firm/Company	
191 W. Nationwid	(ිලිය de Blvd., Suite 600	- ar '
	Address CN 300	ě.
Columbus, OH 43	3215	<u>دي</u> دي
	City/State and Zip Code	
memakuch@stone	elvengecapital.com	
<u> </u>	E-mail address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
Michele C. Makuch	614 246-2456	
Name of		
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	
Enclosed is a check for the fold S125.00 Filing Fee (ollowing amount: \$\Boxed{\Boxesia} \text{\$130.00 Filing Fee & \$\Boxed{\Boxesia} \text{\$160.00 Filing Fee, Ce} \\ \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy} of St	

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 THE STATE OF FLORIDA:

sent of the managers or managing members	nted for the purpose of transacting business in F adopting the alternate name. The alternate nam	Torida and attach a copy of the writt se must include "Limited Liability
npany," "L.L.C," "LLC.") Delaware	3, 27-1993999	
Iurisdiction under the law of which foreign ompany is organized)	limited liability (FEI number	r, if applicable)
2/23/2010	5. (Perpetual)	
(Date of Organization)	(Duration: Year limited exist or "perpetual")	liability company will cease to
Upon filing		55
(Date first transac (See sections 608.5)	ted business in Florida, if prior to registration.) 01 & 608.502 F.S. to determine penalty liability	y) 🔭 💆
191 W. Nationwide Blvd., Suite 600, Colu	imbus, OH 43215	<u>මුදු </u>
	(Street Address of Principal Office)	95
If limited liability company is a mar	nager-managed company, check here 🔀	
The name and usual business address	sses of the managing members or mana	gers are as follows:
Stonehenge Community Development, L.	LC, 191 W. Nationwide Blvd., Stc. 600, Colum	.bus, OH 43215
		
		A
Autonicus an ongina contrete of existenc jurisdiction under the law of which it is orga station of the certificate under orth of the tra	e, no more than 90 days old, duly authenticated b nized. (A photocopy is not acceptable. If the cert islator must be submitted.)	y the official having custody of recor ilicate is in a foreign language, a
	pe conducted or promoted in Florida:	nvestment
· ·		
	DQ_	

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.

	of the Limited Liz numity Developmen	• •	iny is:			
If unavailable,	, the alternate to b	e used in the	state of Flor	ida is:	···	-
						1117
2. The name a	and the Florida st	reet address o	f the registe	red agent and office are:	SYEN.	
		СТ	Corporation S	ystem	1765 1760	7
	<u></u>		(Name)		- <u> </u>	3
		1200 S	outh Pine Islan	nd Road	25	1
	Fk	orida Street Addi	ress (P.O. Box	NOT ACCEPTABLE)	17.7	Œ
	Plantation		FI.	33324		
			City/State/	Zip	-	
liability compo registered ages statutes relatin	any at the place do nt and agree to ac ng to the proper a	esignated in th ct in this capa nd complete p	ils certificate city. I furthe erformunce	vice of process for the above e, I hereby accept the appoin er agree to comply with the p of my duties, and I am famili is provided for in Chapter 60	tment as rovisions of a ar with and 08, Florida	
	С	T Corporation S	System	Connie Bryon	A	
	By: Com		(ure)	Connie Bryon Assistant Secre	tary	
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation Certified (for Application on of Registered Agent Copy (optional) e of Status (optional)		

Delaware

7867

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONEHENGE COMMUNITY DEVELOPMENT LXV, 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 AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4792324 8300

130992818

DATE: 08-15-13

Jeffrey W. Bullock, Secretary of SAUTHENTICATION: 0667591