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.

(((H13000182803 3)))



H130001828033ABC

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:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA900000023 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:	;		
THELL	WORLDS.	•	_	

Foreign Limited Liability Company North Orange Note LLC

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

ME, CE IVED

13 AUG 16 PM 1: 54
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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

CR2E027	(9/10)	cov	er letter	16.16
TO:	Registration Section Division of Corporations	3		
SUBJE	North Orange Note	LLC		7. Q
		Name of Lim	ited Liability Company	\text{\tin}\exitt{\text{\ti}\\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\texitile}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\text{\tetx}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\\ \text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
				ransact Business in Florida," Certificate of ity company to transact business in Florida
Please n	ctum all correspondence	concerning this matter to the	following:	
	Yvonne Owens			
	<u></u>	Na	ime of Person	
	C-III Capital Pa	ortners LLC		
		Pi	гт/Сотралу	
	300 N Main Str	cet, Suite 402		
			Address	
	Greenville, SC	29601		
		City/St	ate and Zlp Code	
	yowens@islecap).com		
		E-mail address: (to be used	for future annual report no	(ification)
For furt	ber information concernin	g this matter, please call:		
	Yvonne Owen		864 331-0 at()	307
	Name	of Person Area	Code & Daytime Telephor	ne Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasses, FL 32314	Divistor Registro Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle assee, FL 32301	
Enclos	ed is a check for the t \$125.00 Filing Fee	following amount: \$\Bigsireq \text{\$130.00 Piling Peo & Certificate of Status}\$	☐ \$155.00 Filling Fee & Centified Copy	☐ \$160.00 Filing Pcc, Certificate of Status & Certified Copy

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

	1.7
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE	ED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<u> </u>
1. North Orange Note LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L	L.C.," or "(L.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C." "LLC.")	
2. Delaware 3. Applied for	
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately)	olicable)
4. July 25, 2013 5. Perpetual	
(Date of Organization) (Duration: Year limited liability exist or "perpetual")	company will cease to
6. Upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5221 N. O'Connor Blvd., Ste 600	
Irving, TX 75039	
(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 ar	e as follows:
North Orange JV LLC (sole member)	
5221 N. O'Cannor Blvd., Suito 600	<u></u>
Irving, TX 75039	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is translation of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: any law!	ful activity permitted
under the laws of the State of Florida.	
morre Own	
Signature of a member or an authorized representative of a me	
(In accordance with section 608,408(3), P.S., the execution of this document constitutes an aff penalties of perjury that the facts stated herein are true. I am aware that any false informat document to the Department of State constitutes a third degree felony as provided for	tion submitted in a
Y	• • • •

Typed or printed name of signee

చో

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.

I unavailable, the alterna	ate to be used in the state of Florida is:	
		rang mayaran mayaran mayaran mayaran
. The name and the Flo	rida street address of the registered agent	and office are:
	C T Corporation System	114 (m², €3.
···	(Name)	
•	1200 South Pine Island Road	μ (
•	Florida Street Address (P,O. Box NOT ACCE	PTABLE)
Plantation	FL. 33324	
	Clty/State/Zip	
	gistered agent and to accept service of pro	accept the appointment as
egistered agent and agre tatutes relating to the pro coupt the obligations of n	e to act in this capacity. I further agree to oper and complete performance of my duting my position as registered agent as provided	es, and I am familiar with and d for in Chapter 608, Florida
egistered agent and agre atutes relating to the pro coept the obligations of n tatutes.	e to act in this capacity. I further agree to oper and complete performance of my dution my position as registered agent as provided CT Composition System.	es, and I am familiar with and d for in Chapter 608, Florida CONNIC BIVON
egistered agent and agre tatutes relating to the pro	e to act in this capacity. I further agree to oper and complete performance of my dution my position as registered agent as provided CT Composition System.	es, and I am familiar with and d for in Chapter 608, Florida

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH ORANGE NOTE 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 SIXTEENTH DAY OF AUGUST, A.D. 2013.

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

130996714

jelliny W. Bullock, Secretary of State TION: 0670627

DATE: 08-16-13