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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

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.**

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Foreign Limited Liability Company Tuscany Acres, LLC

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J. SAULSBERRY EXAMINER

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Corporate Filing Menu

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COVER LETTER	
TO: Registration Section Division of Corporations	
Tuscany Acres, LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cartificate existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	of la.
Please return all correspondence concerning this matter to the following:	
Peulo A. MoCarthy	
Name of Person	
Tuscany Acres, LLC	
Firm/Company	
665 Simonde Road	
Address	20
Williamstown, MA 01267	2013 SEP
City/State and Zip Code	<u></u>
platecona@aci.com	$\overline{\infty}$
E-mall address: (to be used for future annual report notification)	Z-
For Anther Information concerning this matter, please call:	.ac op
Pouls A. McCarthy	<u>ب</u>
Name of Parson Area Cods & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassoe, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassoe, FL 32314 Catelahassoe, FL 32301	
Enclosed is a check for the following amount: El \$125.00 Filing Fee Certificate of Status Certificate Copy Certificate Copy	

FLOST - CS// T/ZOLS Wallers Klasser Callins

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: Tuscany Acres, LLC (Name of Foreign Limited Lightlity Company; must include "Limited Liability Company," "LL.C.," or "LLC") (If name unavailable, outer elternate name adopted for the purpose of transacting business in Piorida and stisch 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (FRI number, | applicable) September | 7,2013 Perpetuil (Duration: Year limited liability company will cause to ocist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 665 Simonda Road, Williamstown, MA 01267 (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: National Land Pertners II, LLC 663 Simonds Rd Williamstown, MA 01267. 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 fireign language, a translation of the certificate under cath of the translator must be salumited.) Nature of business or purposes to be conducted or promoted in Florida: _____ Purchase and sale of real estate and any other lawful business. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

Typed or printed name of signee

Paula A McCarthy

penalties of perjury that the flots stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

THE UNDER	SIGNED LIMITED : 'TO DESIGNATE /	ONS OF SECTION 608.415 or 608.507, FLORIDA LIABILITY COMPANY SUBMITS THE FOLLA A REGISTERED OFFICE AND REGISTERED A	OWING
1. The name of	of the Limited Liabil	lity Company is:	
Tuscany Acres, I	TC	<u> </u>	
If unavailable,	the alternate to be u	used in the state of Plorida is:	
2. The name a	nd the Florida street	t address of the registered agent and office are:	
		C T Corporation System	
	**************************************	(Name)	20
		1200 South Pine Island Road	1013 SEP
	Plorida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	pr 53324	8
	• ,	Clty/State/Zlp	AM 69
liability comparegistered agen stantes relating accept the oblig Statutes	ny at the place design and agree to act in to the proper and a rations of my position By:	gent and to accept service of process for the above nated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the complete performance of my duties, and I am family as registered agent as provided for in Chapter 6 (Signature) (Signature)	e stated limited to internt as provisions of all illar with and

PLAST - 65/17/2013 We have Kleiner Challen

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUSCANY ACRES, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

5400151

DATE: 09-18-13