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PINPOINT LEGACY AT HIGHWOODS PRESERVE, LLC

TYPE OF FILING: APPLICATION

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155.00

RETURN:

CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE CLASSICE HO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PinPoint Legacy at Highwoods Preserve, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	a," Certificate of siness in Florida
Please return all correspondence concerning this matter to the following:	_
Capitol Services Corporate Filings Team	
Name of Person	
Capitol Services, Inc.	. 3
Firm/Company	25 M 8: 13
800 Brazos, Suite 400	- CP
Address	売る
Austin, TX 78701	
City/State and Zip Code	•
cturner@pinpointcommercial.com E-mail address: (to be used for future annual report notification)	IMPORTANT: The email address entered here will be utilized for future:
For further information concerning this matter, please call:	ANNUAL REPORT
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	
Enclosed is a check for the following amount: \$\int_{\text{\$125,00 Filing Fee}}^{\text{\$130,00 Filing Fee & Certificate of Status}} = \int_{\text{\$155,00 Filing Fee & Certified Copy}}^{\text{\$155,00 Filing Fee & Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$0 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$160,00 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int_{\text{\$160,00 Filing Fee, Certified Copy}}^{\text{\$160,00 Filing Fee, Certified Copy}} = \int	icate y

TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREION LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

1. PinPoint Legacy at Highwoods Preserve, LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC,")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company, "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written tate name. The alternate name must include "Limited Liability
Texas (Jurkdiction under the law of which foreign limited Hability company is organized) 3.	46-3730353 (FEI number, if applicable)
4. September 20, 2013 5. (Date of Organization)	Porpolual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification (Dute first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
7. 675 Bering Drive, Sulte 550 Houston, Texas 77057 (Size Address of	f Principal Office)
8. If limited liability company is a manager-managed of	<u></u>
9. The name and usual business addresses of the mana See attached list	ging members or managers are as follows:
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be submit 11. Nature of business or purposes to be conducted or	vitted.)
Owns assisted living facility	٠
(In accordance with section 608,408(3), F.S., the execu- pensities of perjory that the facts stated berein are true	

11112

Names and addresses of Managers of PinPoint Legacy at Highwoods Preserve, LLC

<u>Name</u>	Address
John P. Thompson	675 Bering Drive, Suite 550 Houston, Texas 77057
Charles Turner	675 Bering Drive, Suite 550 Houston, Texas 77057
David Toone	675 Bering Drive, Suite 550 Houston, Texas 77057
David Hollon	8901 Gaylord Dr., Suite 230 Houston, Texas 77024
Jeramy Ragsdale	2802 Paces Ferry Road, Suite 200 Atlanta GA 30339

2013 SEF 25 AH & 13

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 Con	mpany is:	
PinPoint Legacy at Highwoods Prese	erve, LLC	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ss of the registered agent and office are:	
Capitol Corporate Serv	vices, Inc.	2013 S
	(Name)	
155 Office Plaza Dr Ste A		25
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	- CT
Tallahassee	FL 32301	
	City/State/Zip	ω

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.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



John Steen Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PinPoint Legacy at Highwoods Preserve, LLC (file number 801854120), a Domestic Limited Liability Company (LLC), was filed in this office on September 20, 2013.

It is further certified that the entity status in Texas is in existence.

2013 SEF 25 MM 8: 13

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2013.





John Steen Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Phone: (512) 463-5555 Fax: (512) 463-5709
Prepared by: SOS-WEB TID: 10264

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