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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer: W13-48608

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EXAMINER

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

CUD IECT.

CTLC CYPRESS POINT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA CRISP

Name of Person

CONSOLIDATED-TOMOKA LAND CO.

Firm/Company

P O BOX 10809

Address

DAYTONA BEACH FL 32120

City/State and Zip Code

LCRISP@CTLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA CRISP

.386

944-5632

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:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T | THE STATE OF FLORIDA: |
|---|---|
| 1. CTLC CYPRESS POINT LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | pose of transacting business in Florida and attach a copy of the writte ternate name. The alternate name must include "Limited Liability |
| 2. DELAWARE | 3. N/A |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. 11/25/2013 | _{5.} Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| _{5.} Upon Approval | |
| (Date first transacted business in F (See sections 608.501 & 608.502 F. | Florida, if prior to registration.) S. to determine penalty liability) |
| _{7.} 1530 CORNERSTONE BLVD., SU | |
| DAYTONA BEACH FL 32117 | |
| (Street Addres | ss of Principal Office) |
| B. If limited liability company is a manager-manage | ed company, check here |
| 2. The name and usual business addresses of the ma | |
| Consolidated-Tomoka Land Co. | ₹ 5 7 |
| 1530 Cornerstone Blvd., Suite 100 |) |
| Daytona Beach FL 32117 | |
| • | 90 days old, duly authenticated by the official having custody of record copy is not acceptable. If the certificate is in a foreign language, a submitted.) |
| 11. Nature of business or purposes to be conducted | or promoted in Florida: to acquire, own, hold, |
| lease, finance, or dispose of real pr | roperty |
| Lunda () | riso, UP |
| Signature of a member or an a | authorized representative of a member. |

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LINDA CRISP

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 Company is:

CTLC CYPRESS POINT LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

(Name) 1530 CORNERSTONE BLVD., SUITE 100 Florida Street Address (P.O. Box NOT ACCEPTABLE)

DAYTONA BEACH FL 32117

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.

Signature)

\$ 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 "CTLC CYPRESS POINT 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 THIRTIETH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTLC CYPRESS POINT LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2013.

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

Construction of the State

5437989 8300

131485727

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1019397

DATE: 12-30-13

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2013

LINDA CRISP POST OFFICE BOX 10809 DAYTONA BEACH, FL 32120

SUBJECT: CTLC CYPRESS POINT LLC

Ref. Number: W13000068608



We have received your document for CTLC CYPRESS POINT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 113A00028529