#1114000001141

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	······································
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ı

Office Use Only



300251058723

ALL: 12

2014 FEB 18 AM 9: 23
SEURETARY OF STATE
TALL ANACSEE FLORIDS

FLED

K.SALY EXAMINER FEB 1 9 2014



ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 016938 7175508
AUTHORIZATION: Julia de par
COST LIMIT : \$ 125'.00
ORDER DATE : February 17, 2014
ORDER TIME : 8:39 AM
ORDER NO. : 016938-010
CUSTOMER NO: 7175508
FOREIGN FILINGS
NAME: SAWGRASS HOMES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	.s
SUBJE	CT·	SAWGRASS HOMES, LLC
ВОМЕ	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company
The enc Existence	losed "Application by Foce, and check are submitt	reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ed to register the above referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence	concerning this matter to the following:
	M	aria Long
	***************************************	Name of Person
		Corporation Service Company
		Firm/Company
		1201 Hays Street
		Address
		Tallahassee, Fłorida 32301
		City/State and Zip Code
		lpagents@lplegal.com
		E-mail address: (to be used for future annual report notification)
For furth	er information concernin	g this matter, please call:
	Maria Long	at (800) 927-9801
	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
	ed is a check for the f □ \$125.00 Filing Fee	Collowing amount: \$\sumsymbol{\Pi}\$\$ \$\sumsymbol{\Pi}\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$\$ \$\sumsymbol{\Pi}\$\$\$\$\$\$\$ \$\sumsymbol{\Pi}\$

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SAWGRASS HOMES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fforida and attach 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 8833 Gross Point Road, Suite 310, Skokle, Illinois 60077 (Street Address of Principal Office) 8833 Gross Point Road, Suite 310, Skokie, Illinois 60077 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Manager: HV Manager, LLC, 8833 Gross Point Road, Suite 310, Skokie, Illinois 60077 8. 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 foreign language, a translation of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, 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.) Keith A. Ross Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

SAWGRASS HOMES, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

Tallahassee

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 605, Florida Statutes.

City/State/Zip

Corporation Service Company

By: (Signature) Maria Long Asst. Sec.

\$ 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 "SAWGRASS HOMES, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAWGRASS HOMES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2014.

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

5482656 8300

140186624

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 1138950

DATE: 02-17-14

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