Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (050)878-5368

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Foreign Limited Liability Company **EHOF Doral, LLC**

Certificate of Status Certified Copy 1 Page Count 05 \$160.00 Estimated Charge

J. Shivers MAR 0 3 7014

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJE	CT,	EHO	F Doral, LLC			
GOLAG.		Name of Limit	ed Liability Company			
The enc	losed "Application by Force, and check are submitted	rign Limited Liability Com I to register the above refe	pany for Authorization to Tr renced foreign limited liabilit	ansact Business in Florida," Certificate of by company to transact business in Florida		
Picase n	eturn all correspondence co	oncerning this matter to the	e following:			
		Os	car Vasquez			
		Ŋ	lame of Person			
		Encore Housin	g Opportunity Fund II, LI	P		
	Firm/Company One Letterman Drive, Building C, Suite 3800 Address					
		San Francisco, California 94129 City/State and Zip Code				
	-					
		@nesao	encorefunds.com			
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be use	ed for future annual report notific	cation)		
For furt	her Information concerning	this matter, please call:				
	Desar	Vasquez	415 \ 659 - 9	nean		
		Contact Person	81 (aytime Telephone Number		
	MAII INO ADDREGE.	erne	FT ARRESC.	•		
	MAILING ADDRESS: Division of Corporations		ET ADDRESS: on of Corporations			
	Registration Section		ration Section			
	P.O. Box 6327		Building			
	Tallahassee, FL 32314		Executive Center Circle			
	2	Tailch	assee, FL 32301			
Enclos	ed is a check for the fo	ollowing amount:				
	☐ \$125.00 Filing Fee	□ \$130.00 Filling Fee &	☐ \$155.00 Filing Fee &	S \$160.00 Filing Fee, Certificate		
		Certificate of Status	Certified Copy	of Status & Certified Copy		

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: **EHOF Doraf, 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (furisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o EHOF Hedge Invest II, One Letterman Drive, Building C, Suite 3800 San Francisco, California 94129 (Street Address of Principal Office) c/o EHOF Hedge invest ii, One Letterman Drive, Building C, Suite 3800 San Francisco, California 94129 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Encore Housing Opportunity Fund II General Partner, LLC, Manager 42 c/o EHOF Hedge Invest II, One Letterman Drive, Building C, Suite 3800 San Francisco, California 94129 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 perjuty that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State constitutes a third degree (clony as provided for in s.817.155, F.S.) Encore Housing Opportunity Fund II General Partner, LLC, Manager By: Oscar Vasquez, Secretary

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.

•	
f unavailable, the alternate to be used in the state of Florida is:	
. The name and the Florida street address of the registered agent and office are:	
NRAI Services, Inc.	
(Name)	
516 East Park Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Taliahassoo FL 32301	
City/State/Zip	V - 2
	lake of the

By: (Signature)

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BHOF DORAL, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO BEREBY FURTHER CERTIFY THAT THE SAID "EHOF DORAL, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2014.

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

DATE: 02-27-14