Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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RECEIVED 4 APR 25 PM 3: 53 SECRETARY OF STATE

Foreign Limited Liability Company ECLIPSE OPIS RE TIERRA PINES, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name travaliable, enter alternate name adopted for the purpose of transacting dustness in Plotide. The alternate name must include "Liability Company," "L.L.C," or "LLC.")	Limited	
2. Delaware (Jurisdiction under the law of which foreign limited liability company to organized) (PET number, If applicable)		
4. upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905; P.S. to determine penalty Hability) 5. 3820 Mansell Road, Sulte 280	TALL STORY	2014 A
Alpharetta, GA 30022 (Street Address of Principal Office) 6, same	HARY O	APR 25
(Mailing Address)	F STATE FLORIDA - TORIDA	登 9: 38
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christina K. Firth - Authorized Person	_	
c/o FC Eclipse Investment, LLC, 3820 Mansell Road, Suite 280		
Alpharetta, GA 30022		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the chaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is neacceptable, if the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate.	ot	

Christina K. Firth

Typed or printed name of signes.

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	of the Limited Liability C	ompany is:			
Eclipse Opis RE	Tierra Pines, LLC				
If unavailable,	the alternate to be used i	n the state of Florida is:			
2. The name a	and the Florida street add	ress of the registered agent and office are:			
	C T Corporation System		MAIN 3038	1182	
	1200 South Pine Island Ro	(Name)	ETARY	APR 25	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		OF STATE E, FLORIDA	₩ 9:	
	Plantation	FL 33324 City/State/Zip	RDA RDA	38 80	

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.

By: CT Corpo	bration System	
	(Signature) 1. Widdoes, Asst. Secretary	
Kathryn A	. Widdoes, Asst. Secretary	

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECLIPSE OPIS RE TIERRA PINES, 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-FIFTH DAY OF APRIL, A.D. 2014.

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

5496943 8300 140518745



AUTHENTICATION: 1320613

Notherly W. Bullock, Secretary of Statics

DATE: 04-25-14