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#### Foreign Limited Liability Company ECLIPSE OPIS RE FAIRWAY, LLC

Certificate of Status	1
Certified Copy	1
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THIS FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Eclipse Opis RE Fairway, LLC [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC. (If name unavailable, enter alternate mane adopted for the purpose of transacting business in Plorida. The alternate name must include "Limited Liability Company," "L.L.C," or "I.LC," <sub>2.</sub>Delaware 36-4781999 (Junealetion under the law of which foreign limited liability (PBI number, If applicable) company is organized) upon qualification (Date first transacted business in Ploride, if prior le registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability) 5 3820 Mansell Road, Suite 280 Alpharetta, GA 30022 (Street Address of Principal Office) 6. same (Mailing Address) 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 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 603.0203, F.5., the execution of this document constitutes an affirmation under the penalties of perjusy 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 falony as provided for in a 817.155, P.S.)

Typed or printed name of signee

Christina K. Firth

# 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:	
Eclipse Opis RE	Fairway, LLC	- <u>-</u>
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:  C T Corporation System	2014 APR 25 SEGRETARY FALLAHASSI
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	D: 55
	Plantation FL 33324	
	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 605, Florida Statutes.

By: C T Corporation System  By: A Thorper A Weller	_
(Signature) 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 FAIRWAY, 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.

5496959 8300 140518614



AUTHENTICAL TOTAL DESCRIPTION OF THE