Florida Department of State

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Foreign Limited Liability Company Waypoint Ormond Beach Owner, LLC

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Corporate Filing Menu

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5/2/2014

COVER LETTER

	Name of Contact Person Area Code Daytime Telephone Number ING ADDRESS: of Corporations ation Section ox 6327 Second PL 323 4 Code Daytime Telephone Number Division of Corporations Registration Section Ox 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
SUBJECT:	Waypoint Ormand B	each Owner, LLC			
_		Name of Limits	d Liability Company	-	-
The enclosed * Existence, and	Application by Forei check are submitted	gn Limited Liability Com to register the above refer	pany for Authorization enced foreign limited li	to Transact Business in Florida, ability company to transact busi	" Certificate of ness in Florida
Please return a	ll correspondence co	ncorning this matter to the	following:		
	Candice Carpente	r			
		N	une of Person	·_	
	Waypoint Resider				
		Fi	rm/Company		
	3475 Picdmont Re	INB, Sulte 1640			
			Address		
	Atlanta, OA 3030	5			
		City/8	tate and Zip Code		
	ccarpenter@waype				_
		E-mail address: (to be use	for future annual report	notification)	
For further info	rmation concerning	this matter, please call;			
Cand	cc Carpentar		si (770 ;).81	17-5939	<u>.</u>
	Name of (Contact Person	Area Code	Daytime Telephone Number	
MAII Divisi	ING ADDRESS:				
Regist	ration Section	Registra	ation Section		
1 0 (101)	#2200' LT' 157 4				
Enclosed is a	check for the fol	lowing amount:			
		3 \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Per Certified Copy	e & S160.00 Filing Fee, C of Status & Certified	

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:

1. Waypoint Ormand Beach Owner, LLC	·	
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L	(C.7)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company, "*L.L.C," or "L.L.C.")	nnst include "Limited	
2. Delaware 3, 32-0438102		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)		
4. Upon filing	- 4	
(Date first transpored business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)		1,715 m/1
5. Three Pickwick Plaza, 4th Floor	- 1	1
Greenwich, CT 06830	me 3	Å.
(Street Address of Principal Office)	F. 67	ħ
6. Three Pickwick Plaza, 4th Floor		
Greenwich, CT 06830		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to mans	ige is/are:	
Waypoint Ormond Beach Investors, LP - Sole Member		
Three Pickwick Plazs, 4th Ploor		
Greenwich, CT 06830		
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A phoseceptable. If the certificate is in a foreign language, a translation of the certificate under or must be submitted)	tocopy is not	

Typed or printed name of signee

FLOST - 01/14/2014 Walters Klauser On See

Raymond D. Barrows

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	ne of the Limited Liability Company is:	
Waypoint On	mond Beach Owner, LLC	
If unavailab	ole, the alternate to be used in the state of Florida is:	
NA		
2. The name	ne and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Namo)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324 Clty/State/Zip	
	О.,	
liability com registered as statutes rela	n named as registered agent and to accept service of process for the above stated limited appears the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all attended to the proper and complete performance of my duties, and I am familiar with and abbligations of my position as registered agent as provided for in Chapter 605, Florida	
	G.T. Corporation System	
	By: (Signature)	
	Assistant Secreta No.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 "WAYPOINT ORMOND BEACH OWNER, 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 SECOND DAY OF MAY, A.D. 2014.

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

5514963 8300

140554291

You may vorify this cortificate online

Jaffrey W. Bullock, Secretary of State

DATE: 05-02-14