Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000114748 3)))



H140001147483ABC

	Doing so will generate another cover sheet.	
To:	•	5
	Division of Corporations	SSX.
	Fax Number : (850)617-6383	₹ ~ ₹ ~ ~ •
		က်ကြာ
From:	•	
	Account Name : BROAD AND CASSEL (ORLANDO)	_ 55 1
	Account Number : I19980000090	즐겁 .
	Dbano - (4071630-4200	רום 🗀

: (407)839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

Email Address:

RECEIVED
4 MAY 15 AM 10: 34
SECRETARY OF STATE
ALLAHASSEE, FLORING

Foreign Limited Liability Company MCA Delray Preserve Owner LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

May 15, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

BROAD AND CASSEL

SUBJECT: MCA DELRAY PRESERVE OWNER LLC

REF: W14000030738

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the title for the company listed in #7.,

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H14000114748 Letter Number: 814A00010441 Regulatory Specialist II

Registration/Qualification Section

14 MAY 15 AM 10: 34

P.O BOX 6327 - Tallahassee, Florida 32314

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:

name unavailable, enter alternate name adopted for the purpose of trans- bility Company," "L.L.C," or "LLC.")	acting business in Florida. Tho	alternate name must	include "Li	mited
Delaware	61-1736878	•	•	•
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI quinbe	r, if applicable)	101	-
Not Applicable		CRE	<u>a</u>	#.J+**
(Date stret transacted business in Floi (See sections 605,0904 & 605,0905, F.S	ride, if prior to registration.)	SA		
2001 Summit Park Drive, Suite 300	- '		27	{ []
		1 69	<u></u>	- [
Orlando, Florida 32810 (Street Address of	Delegied Office)	<u> </u>	<u>e</u>	
2001 Summit Park Drive, Suite 300	rancipal Office)	Pm	သ	
				_
Orlando, Florida 32810			_	_
(Mailing A	Address)			
The name, title or capacity and address of the person	(s) who has/have author	rity to manage i	s/are:	
F Development II, LLC Manager				
				-
001 Summit Park Drive, Suite 300				_
rlando, Florida 32810				
	· · · · · · · · · · · · · · · · · · ·			~
Attached is an original certificate of existence, no mor				
ving custody of records in the jurisdiction under the la eptable. If the certificate is in a foreign language, a tra				
ist be submitted)	ansiation of the certifica	ite muci oam o	t the dun	,51,010
ZF DEVELOPMENT II, LLC \	•			
) _A;				
By: WWW.	\			

Samuel C, Stephens, III, Executive Vice President

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:

If unavailable,	, the alternate to be used	in the state of Florida is:	2014 M SEGRE TALLA	
2. The name	and the Florida street add	dress of the registered agent and office a	IASSEE	
	B&C Corporate	Services of Central Florida	ı, Inci S	
		(Name)	<u> </u>	
	390 North O	range Avenue, Suite 1	1400	
	Florida Stre	ct Address (P.O. Box NOT ACCEPTABLE)		
	Orlando	FI. 32801	•	
•		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.

BSC CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

BY: Vice President (Signature)

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

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCA DELRAY PRESERVE 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 WINTH DAY OF MAY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCA DELRAY PRESERVE OWNER LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2014.

5530803 8300

140594991

You may verify this certificate culine at corp. delaware, gov/authwer, shiml

AUTHENTICATION: 1358152

DATE: 05-09-14