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August 6, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 70520329 WO

Customer Reference 1: Auvers Village

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

CDS-CO 1 Auvers Village, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	IECT: CDS-CO 1 Auvers Villag	, LLC			
		Name of Limite	d Liability Company		
The ex	nclosed "Application by Foreign Lence, and check are submitted to re	imited Liability Com gister the above refer	pany for Authorization enced foreign limited	n to Transact Rusiness liability company to tr	in Florida," Certificate of ansact business in Florida
Please	e return all correspondence concer	ning this matter to the	following:		
	Brandy Williams		and the second s	region to appeal that the left reasons were the first transfer from the contract of the contra	
		N	ame of Person		
	Bridge Investment Gre	oup Partners			
		F	irm/Company		
	5295 So. Commerce L	Prive, Suite 100			
			Address		
	Murray, Utah 84107				
		City/S	tate and Zip Code		
	b.williams@bridge-igp				,
	E-	mail address: (to be use	d for future annual repor	n notification)	
For fu	arther information concerning this	matter, please call:			
	Brandy Williams		at (⁸⁰¹)	716-5427 Daytime Telephone	
	Name of Cont	act Person	Area Code	Daytime Telephone	Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle assec, FL 32301	e	
Enck	osed is a check for the follow S \$125.00 Filing Fee S	/ing amount:	□ \$155.00 Filing f	_{የሐይ} ም የ160 በሰ ፣	iling Fee, Certificate
		ertificate of Status	Certified Copy		& 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:

(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 "Liability Company," "L.L.C," or "LLC.")	imited
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	·-
4. July 30, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability)	
5. 5295 Sa. Commerce Drive, Suite 100	
Murray, Utah 84107	
(Street Address of Principal Office)	
6. Same as above	
(Mailing Address)	_ _
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;	on on
CDS-CO I Exchange Partners, LLC, Sole and Managing Member	In
	_ . ශු
in the second se	<u> </u>
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 no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation of the certificate under oath of the translation.	t
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 perjury that the facts stated ham aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.	arein are true I
Danuel R. Stanger, 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	e of the Limited Liability Comp	oany is:	
CDS-CO I Au	ivers Village, LLC		
If unavailab	le, the alternate to be used in th	e state of Florida is:	
2. The name	e and the Florida street address	of the registered agent and office are:	
	C T Corporation System		
	· · · · · · · · · · · · · · · · · · ·	(Name)	
	1200 South Pine Island Road		
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
			3
	Plantation	FL 33324	212
		City/State/Zip	
liability com registered ag statutes relai	pany at the place designated in tent and agree to act in this cap ting to the proper and complete oligations of my position as regi	to accept service of process for the above stated lim this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of performance of my duties, and I am familiar with an istered agent as provided for in Chapter 605, Florida	⇒ of all nd
	By: RT Companion System		
		ature)	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CDS-CO 1 AUVERS VILLAGE, 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 FIRST DAY OF AUGUST, A.D. 2014.

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

S.CA. AND TO AN 9: 40

5578830 8300

141025868

AUTHENT CATION: 1587479

DATE: 08-01-14

You may verify this certificate online at corp.delaware.gov/authver.shtml