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8/18/2014

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

TRANSACT BUSINESS IN FLORIDA		
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS	TER A	
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. 8985 NORMANDY HOMES, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")		
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limit Liability Company," "L.L.C." or "LLC.")	ted	
2 Delaware		
(Jurisdiction under the law of which foreign limited liability (Fill number, if applicable) company is organized)		
4		_
(Dato first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		Ĭ
s 917 Tahoe Boulevard, Sulte 200		
y		all A
Incline Village, NV 89451		-
(Street Address of Principal Office)	m = 13 Com	
6. Same as above	- 声(g) :	-
		:-
(Milling Address)		5
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
• • • • • • • • • • • • • • • • • • • •		
Nathan A. Horvath, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, NV 89451		
Peter M. Castleman, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village, NV 89451		
Mark J. Sullivan, Manager, 1700 H Street, NW, Washington, DC 20006		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic 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 transfer must be submitted) Signature of an authorized person (In accordance with section 605.0200, F.B., the execution of his document or obtained an affirmation under the paralless of perfury that the facts stated barein an aware that any false information submitted in a document to the Department of Sum constitutes a tailed degree falsony as provided for in a.817.155, F.S.)	ntor	
MAKER 3 SULLTYAN		
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.

	formandy Homes, LLC		
	• • • • • • • • • • • • • • • • • • • •		
2. The nai	me and the Florida street ac	ddress of the registered agent and office are:	
	C T Corporation System	1	
		(Namo)	
	1200 South Pine Island	Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		五0
	Plantation	FI, 33324	
		City/State/Zip	عسو
liability co registered statutes rei	mpany at the place designa agent and agree to act in th lating to the proper and con	int and to accept service of process for the abouted in this certificate, I hereby accept the appoints capacity. I further agree to comply with the inplete performance of my duties, and I am fan as registered agent as provided for in Chapter	ointment as e provisions of all niliar with and
Diminiez.	Ву:	(Signature)	Kristin Bolden ssistant Secretary

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "8985 NORMANDY HOMES, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2014.

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

141081354

AUTHENTICATION: 1627622

DATE: 08-18-14