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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TED TO REGISTE.	R A
1 6539 TOWNSEND HOMES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LI		
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate same this big the company, "MLLC," or "LLC.")	must include "Limited	
2. Delaware 3		
(Jurisdiction under the law of which foreign Bridged Rebillity (FEI number, if applicable) company is organized)		
4.	* 24	20
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)		
917 Tahoe Boulevard, Suite 200	· 注所	SUS
Incline Village, NV 89451		8
(Street, Address of Principal Office)	<u></u>	<u> </u>
_{6.} Same as above	71	, 78
U	7:2: On	~
(Mailing Address)		; 4 2.7
7. The name, title or capacity and address of the person(s) who has/have authority to mana Nathan A. Horvath, Manager, 917 Tahoe Bivd., Ste. 200, incline Village.		٠
Peter M. Castleman, Manager, 917 Tahoe Blvd., Ste. 200, Incline Village,	NV 89451	
Mark J. Sullivan, Manager, 1700 H Street, NW, Washington, D	C 20006	
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 photosceptable. If the certificate is in a foreign language, a translation of the certificate under our must be submitted) Signature of an authorized person (In accordance with section 605.0203, P.S., the execution of this document confutnces on affirmation under the penalties of perjuty that any aware that any falso information submitted in a document to the Department of State sensible as third degree follows as provided for	cocopy is not the of the translate the first stated herein are	Dr
MARK J. SULLTUAN		
Typed or printed name of signed		

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:		
6539 Townsend Homes, LLC		
If unavailable, the alternate to be used in the state of Florida is:	л.	
2. The name and the Florida street address of the registered agent and office are:	*	METARY A
C T Corporation System		즉
(Name)	•	- 등점 🛂
1200 South Pine Island Road		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation FI_33324 City/State/Zip		
Assis	nent as ovisions r with a i, Floria	of all and
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "6539 TOWNSEND 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.

5575372 8300

141081342

You may vorify this cortificate online at corp.delaware.gov/authvor.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 08-18-14