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From: Account Name : BROAD AND CASSEL (ORLANDO) Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264 **Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.** Email Address:	SEGUICIAN ALLENHAS
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850-817-8381



September 30, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

BROAD AND CASSEL (ORLANDO)

SUBJECT: WEST ATLANTIC BOULEVARD APARTMENTS INVESTORS LLC REF: W14000059421

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000226433 Letter Number: 414A00020837

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P.O BOX 6327 - Tallahassee, Florida 32314

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				. •	
APPLICATION			ILITY COMPANY FO NESS IN FLORIDA	OR AUTHORIZA'	τιον το
IN COMPLIANCE WIT	H SECTION 605.090	2, FLORIDA STA	TUTES THE FOLLOWIN	G IS SUBMITTED TO	) REGISTER A
<i>FOREIGN LIMITED LL</i> <sub>L.</sub> West Atlantic E			USINESS IN THE STATE	OF FLORIDA:	
(Name of Fore	ign Limited Liability Co	mpany; must includ	e "Linited Liability Company,"	"L.L.C.," or "LLC.")	· · ·
	<u> </u>		<u> </u>		in in in
If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted fr " or "LLC.")	ir the purpose of tra-	nsacting business in Florida. Th	e alternato name must ihel	luide "Limitica
2 Delaware	•	·. · · · 3	37-1765235		
(Aunsdiction under the lay company is organized)	of which foreign limite	d liability	(FEI num)	per, if applicable)	Pro Pr
4. Not Applica					FLORIE
	(Date first tran (See sections 605	sacted business in F .0904 & 605.0905, I	lorida, if prior to registration.) 7.S. to determine penalty liability	y)	DRINE 25
5. 2001 Summ	hit Park Drive	e, Suite 30	0		<u> </u>
Orlando, Fie	orida 32810				
<u> </u>		(Street Address	of Principal Office)		
5					
		(Mailin	g Address)		<b></b>
7. The name, title or	capacity and addr	ess of the perso	on(s) who has/have auth	ority to manage is/a	re:
			on(s) who has/have auth	ority to manage is/a	re:
ZOM Palm Ai	re, LLC, Mani	ager	n(s) who has/have auth	ority to manage is/a	re:
ZOM Palm Ai 2001 Summit	re, LLC . <sub>Mani</sub> Park Drive,	ager	on(s) who has/have auth	ority to manage is/a	re: 
7. The name, title or ZOM Palm Ai 2001 Summit Orlando, Flori	re, LLC . <sub>Mani</sub> Park Drive,	ager	n(s) who has/have auth	ority to manage is/a	re: 
ZOM Palm Ai 2001 Summit Orlando, Flori 8. Attached is an orig having custody of rec	re, LLC. Mani Park Drive, da 32810 inal certificate of e ords in the jurisdic	ager Suite 300 existence, no m	ore than 90 days old, du law of which it is organ translation of the certific	ly authenticated by ized. (A photocopy	the official is not
ZOM Palm Ai 2001 Summit Orlando, Flori 8. Attached is an orig having custody of rec acceptable. If the cert	re, LLC. Mani Park Drive, da 32810 inal certificate of e ords in the jurisdic ificate is in a forei	ager Suite 300 existence, no m tion under the m language a	ore than 90 days old, du law of which it is organ	ly authenticated by ized. (A photocopy	the official is not

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4/005 Broad and Cassel 9/30/2014 10:51:32 AM PAGE Fax Server 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: West Atlantic Boulevard Apartments Investors LLC If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: B&C Corporate Services of Central Florida, Inc. (Name) 390 North Orange Avenue, Suite 1400 Florida Street Address (P.O. Box NOT ACCEPTABLE) 32801 Orlando FL 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. B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. (Signature) Vice President \$ 100.00 Filing Fee for Application \$ 25.00 **Designation of Registered Agent** 30.00 Certified Copy (optional) S Certificate of Status (optional) \$ 5.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "WEST ATLANTIC BOULEVARD APARTMENTS INVESTORS LLC" IS DULY FORMED UNDER THE LANS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "WEST ATLANTIC BOULEVARD APARTMENTS INVESTORS LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2014.

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



AUTHENTICATION: 1722493

DATE: 09-23-14

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