

M14600008052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

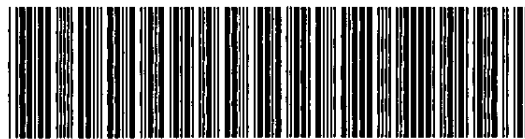
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-70865

Office Use Only



300291072543

10/14/16--01032--025 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 28 P 3:26

FILED

D. BRUCE
DEC 28 2016

(1)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2016

AMY HANSON
JENNINGS LAW OFFICE, PC
517 SOUTH 22ND AVENUE, #3
BOZEMAN, MT 59718

SUBJECT: CIMARRON HEIGHTS, LLC
Ref. Number: M14000008052

2016 DEC 28 P 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for CIMARRON HEIGHTS, LLC and you check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must file an additional amendment in the state of Florida tho acknowledge the name changing from "CIMARRON HEIGHTS, LLC to FCH, LLC" Reason being, our records currently show the name as "CIMARRON HEIGHTS, LLC"

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$25.00.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00022352

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cimarron Heights, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Hanson
Name of Person

Jennings Law Office, PC
Firm/Company

517 South 22nd Avenue, #3
Address

Bozeman, MT 59718
City/State and Zip Code

FILED
2016 DEC 28 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy at (406) 582-1801
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Cimarron Heights, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)** _____

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)** _____

2. The Florida document number of this limited liability company is: M14000008052

3. Jurisdiction of its organization: ND

4. Date authorized to do business in Florida: 11/05/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: FCH of North Dakota, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2016 DEC 28 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

FILED
 2016 DEC 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 3:26
 Remove
 Add
 Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Scott Johnson
 Signature of the authorized representative

Scott Johnson
 Typed or printed name of signee

Filing Fee: \$25.00

63402le

26,462,000 LLC

RECEIVED

DEC 29 2009

SEC. OF STATE

ARTICLES OF ORGANIZATION

OF

CIMARRON HEIGHTS, LLC

The undersigned, acting as organizer of CIMARRON HEIGHTS, LLC, under the North Dakota Limited Liability Company Act (Chapter 10-32), adopts the following Articles of Organization for said Limited Liability Company:

I.

NAME OF COMPANY

The name of the limited liability company is CIMARRON HEIGHTS, LLC (the "Company").

II.

PERIOD OF DURATION

The period of duration is perpetual from the date of filing of these Articles of Organization with the North Dakota Secretary of State unless the Company is sooner dissolved.

III.

PURPOSE

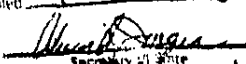
The Company is organized (1) to own and operate one or more mobile home parks; and (2) for any general business purpose or purposes pursuant to Section 10-32-04 of the North Dakota Limited Liability Company Act.

IV.

REGISTERED OFFICE AND AGENT

The address of its initial registered agent, and the name of the initial registered agent at that address is as follows:

Ronald Oster
7660 149th Avenue NW
Grenora, ND 58845

Filed 12-29 2009

Secretary of State
MOT



V.

ADDITIONAL MEMBERS

The Members reserve the right to admit additional Members subject to the terms and conditions of the Company's Operating Agreement.

VI.

OPERATING AGREEMENT

The Operating Agreement of the Company shall be executed by each Member of the Company and shall set forth all provisions for the affairs of the Company and the conduct of its business to the extent that such provisions are not inconsistent with law or these Articles.

VII.

LIABILITIES OF MEMBERS AND MANAGERS

Members and managers of the Company are not liable under a judgment, decree or order of a court, or in any other manner, for a debt, obligation or liability of the Company.

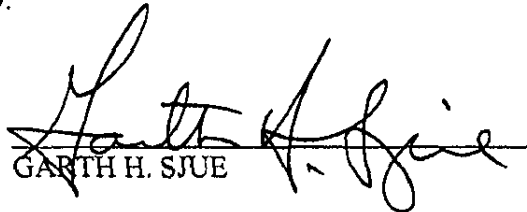
VIII.

ORGANIZERS

The name and address of the organizer is:

Garth H. Sjue
P.O. Box 1206
111 East Broadway
Williston, ND 58802-1206

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 28th day of December, 2009.


GARTH H. SJUE



COMMERCIAL OR NONCOMMERCIAL REGISTERED AGENT/OFFICE STATEMENT OF CHANGE
 SECRETARY OF STATE
 SFN 13019 (03-2012)



FOR OFFICE USE ONLY

| | |
|-----------|------------|
| ID number | 26,462,000 |
| WO | 1215773 |
| Filed | 3-24-15 |

RECEIVED
 MAR 23 2015
 SEC. OF STATE

ONLY complete this form and send payment if a change is being made to the name of the registered agent or to the address of a non-commercial registered agent.

1. FILING FEE: \$10.00

NO FEE: To change the address resulting from a postal reassignment, rezoning, or 911 address implementation

TYPE OR PRINT LEGIBLY

SEE INSTRUCTIONS ON PAGE 2 AND 3

For reference, see North Dakota Century Code, Chapter 10-01.1.

| | | |
|--|--|----------------------|
| 2. Name of the organization changing registered agent/office: (cooperative association, corporation, limited liability company, limited liability partnership, limited partnership, limited liability limited partnership, or real estate investment trust) CIMARRON HEIGHTS, LLC | | 3. Federal ID number |
| 4.A. Name of <u>commercial</u> registered agent in <u>North Dakota</u> | | OR |
| 4.B. Name of <u>noncommercial</u> registered agent in <u>North Dakota</u> (or new name of current noncommercial registered agent) | | |
| 5A. New address of the <u>noncommercial</u> registered agent named in number 4B (It cannot only be a post office box; it must include the noncommercial registered agent's physical address in <u>North Dakota</u> .) If applicable for mailing purposes, a post office box can be added to the physical address. <u>7600 149TH AVE NW</u> Physical Address PO Box <u>GLENORA ND 58845</u> City State Zip B. Change of address is result of: (check one) <input type="checkbox"/> Appointment of a new commercial or noncommercial registered agent. <input checked="" type="checkbox"/> New location for current noncommercial registered agent CORRECTION <input type="checkbox"/> Postal reassignment, rezoning, or implementation of 911 address. C. Is the address in number 5A the same address as the principal place of business for the organization named in number 2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. If a new <u>commercial</u> registered agent or a new <u>noncommercial</u> registered agent has been named in number 4A or 4B, an officer, manager, or other individual authorized by the organization named in number 2 may sign this statement. If only the address of the current noncommercial registered agent is changing or the noncommercial registered agent has changed their name, then the noncommercial registered agent may sign the statement. *As required by state law, I certify that: • The new commercial registered agent or new noncommercial registered agent named in number 4A or 4B, if applicable, was appointed by a resolution as required by state law, and was adopted by the governing structure of the organization named in number 2; • The new address in number 5A, if applicable, for the current or newly appointed noncommercial registered agent is the same address where the noncommercial registered agent can be located during normal business hours; • The undersigned has read the foregoing statements, knows the contents thereof and believes same to be true; • The undersigned is authorized to sign the statement; • The Secretary of State is authorized to correct numbers 2, 4A, and 4B if not correctly reflected, and • I understand that if I make a false statement in the document, I may be subject to criminal penalties.* Signature <u>Ronald Oates</u> Date <u>3-17-15</u> 7. Name of person to contact about this document: E-mail address: Daytime telephone number (with extension if applicable): | | |



**BUSINESS / FARM / PROFESSIONAL LIMITED
LIABILITY COMPANY ARTICLES OF AMENDMENT**
SECRETARY OF STATE
SFN 58703 (06-2013)

FOR OFFICE USE ONLY

| | | |
|-------------------|--------------|---------|
| ID Number | 26462000 LLC | |
| Work Order Number | 1296580 | |
| Filed | 7-24-15 | By SILK |

FILING FEE \$50.00 **RECEIVED**



JUN 26 2015

SEC. OF STATE

TYPE OR PRINT LEGIBLY

SEE INSTRUCTIONS FOR FEES, FILING AND MAILING INFORMATION.

| | | |
|--|-------------------------------|--|
| 1. Name of the Limited Liability Company as Reflected in the Articles of Organization or as Last Amended and Filed with the Secretary of State Cimarron Heights, LLC | 2. Federal ID Number | 3. Telephone Number (480) 345-6707 |
| 4. Complete Mailing Address of the Principal Executive Office (Street/RR, PO Box, City, State, ZIP+4) 3035 S. Ellsworth Road, #101, Mesa, AZ, 85212 | 5. Toll-free Telephone Number | |

6 The following amendment has been adopted pursuant to the provisions of the North Dakota Limited Liability Company Act, N.D.C.C. Chapter 10-32

The name of the business has changed to FCH, LLC.

7. The amendment shall be effective: (check one)

When filed with the Secretary of State Later on _____
(month, day, year)

8. The amendment was adopted on 04/30/2015 by one of the following methods: (check the appropriate method)

By the members
 By the organizers where no membership interests have been issued
 By the board where no membership interests have been issued

9. "The undersigned, a person authorized by the limited liability company to sign this amendment, has read the foregoing Articles of Amendment, knows the contents, and believes the statements to be true. I further authorize the Secretary of State to correct numbers 1 and 6 if not correctly reflected. I understand that if I make a false statement in this document, I may be subject to criminal penalties."

| | |
|--|--|
| Signature <i>Ronald Oster</i> | Date 6-1-15 |
| 10. Name of Person to Contact About This Document Ronald Oster | E-mail Address Daytime Telephone Number and Extension, if any |



**BUSINESS/FARM/PROFESSIONAL LIMITED
LIABILITY COMPANY ARTICLES OF AMENDMENT**
SECRETARY OF STATE
SFN 58703 (03-2016)

RECEIVED

MAY - 4 2016

FILING FEE: \$50.00

TYPE OR PRINT LEGIBLY

SEC. OF STATE

SEE INSTRUCTIONS FOR FEE, FILING, AND MAILING INFORMATION.

For Office Use Only

| | |
|------------|---------------|
| ID Number: | 26,462,000 UC |
| WO Number: | 1410409 |
| Filed: | 6-8-16 |
| By: | NS |

1. Name of the limited liability company as reflected in the Articles of Organization or as last amended and filed with the Secretary of State
FCH, LLC

| | | |
|----------------------|--|-------------------------------|
| 2. Federal ID Number | 3. Telephone Number 480-345-6707 | 4. Toll-Free Telephone Number |
|----------------------|--|-------------------------------|

5. Complete address of the principal executive office (street/RR, PO box, City, State, ZIP+4) Street address **MUST** be provided; may not be only a post office box.
3035 S. Ellsworth Road, #101, Mesa, AZ 85212

6. The following amendment has been adopted pursuant to the provisions of the North Dakota Limited Liability Company Act, N.D.C.C., Chapter 10-32.1: (PLEASE CHECK NAME REQUIREMENTS NOTED ON PAGE 2)
The name of the business has changed to FCH of North Dakota, LLC

7. The amendment shall be effective: (check one)
 When filed with the Secretary of State Later on (month, day, year): _____

8. "I, the undersigned person authorized by the limited liability company to sign this amendment:

ATC Have read the foregoing Articles of Amendment;
 • Know the contents thereof, and believe the statements to be true;
 • Authorize the Secretary of State to correct numbers 1 and 6 if not correctly reflected; and
 • Understand that if I make a false statement in this document, I may be subject to criminal penalties.

| | |
|------------------------------------|------------------------|
| Signature <i>Wayne Jennings</i> | Date 4/29/16 |
|------------------------------------|------------------------|

| | | |
|---|--|--------------------------|
| 9. Name of person to contact about this document Wayne Jennings or Amy Hanson | Email Address SECRETARY OF STATE | Daytime Telephone Number |
|---|--|--------------------------|