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DATE:

12/9/14

NAME:

GRAND CYPRESS MULTI-FAMILY HOLDING LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE OBSERVATION

COVER LETTER

TO;	Registration Section Division of Corporations
SUBJ	ECT: Grand Cypress Multi-Family Holding LLC Name of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate once, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Capitol Services - Corporate Filings Team Firm/Company
	800 Brazos Ste 400 Address
	Austin TX 78701 City/State and Zip Code
	regagent@capitolservices.com E-mail address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
	at (800) 345-4647 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Encl	osed is a check for the following amount: \$\int \frac{1}{3}\frac{125.00}{2}\$ \text{Filing Fee} \int \int \frac{1}{3}\frac{130.00}{2}\$ \text{Filing Fee & Certificate of Status} \int \text{Certified Copy} \text{of Status & 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:

1. Grand Cypress Multi-Family Holding LLC (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 "Limited Liability Company," "L.L.C," or "LLC.")						
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)						
4. 12/19/2014 (Date first transacted business in Florida, if prior to registration.)						
(Jurisdiction inder the law of which foreign limited liability (FEI number, if applicable) 4. 12/19/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 2200 Villa Verano Way						
Klssimmee, FL 34744 (Street Address of Principal Office)						
6. <u>1801 - 3300 Bloor St. West, West Tower</u>						
Toronto, ON M8X 2X2 (Mailing Address)						
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:						
Stephen S. Maris, Director, 547 University Drive, Woodland Park, CO 80863						
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 translator must be submitted)						
E. Kirsh						
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes on affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.)						
Evan Kirsh 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.

If unavailable, the alto	ernate to be used in the	<u>s Multi-Family H</u> state of Florida is:		
				De la
2. The name and the	Florida street address o	f the registered ag	ent and office are:	EC-9
ست مدند ساوه	Са	pitol Corporate (Name)	Services, Inc.	THE STATE OF
		(14ante)		On St.
		155 Office Plaza ress (P.O. Box NOT A		<u> </u>
No. of the state o	Tallahassee	FL, City/State/Zip	32301	
		•		

Knsta Ali, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application

Statutes.

\$ 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 HEREBY CERTIFY "GRAND CYPRESS MULTI-FAMILY HOLDING
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 NINTH DAY OF DECEMBER,
A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAND CYPRESS MULTI-FAMILY HOLDING LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2014.

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

5651426 8300

141507170

AUTHENTY CATION: 1937693

DATE: 12-09-14

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