Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000290845 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Sun TRS Blue Heron Pines LLC

Certificate of Status	1	
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Page Count	05	
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DEC 18 2014

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COVER LETTER

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		C	OTERLETTER	
	stration Section			
DIVII	tion of Corporation	5		
SUBJECT:	Sun TRS Blue Heron			
•		Name of L	imited Liability Company	
				n to Transact Business in Florida," Certificate o flability company to transact business in Florid
Please return a	all correspondence c	oncerning this matter to	the following:	
	Susan R. McMa	tter		
			Name of Person	
	Jaffe Raitt Houe	r & Weiss PC		
			Firm/Company	
	27777 Franklin I	Road, Suite 2500		
	-		Address	
	Southfield, MI	48034		`
			City/State and Zip Code	
	smcmaster@jaffe	elaw.com		
		E-mail address: (to b	e used for future annual repor	rt notification)
For further in	formation concerning	g this matter, please ca	ll:	
Sus	an R. McMaster		at (248)	727-1485
	Name o	f Contact Person	Area Code	Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	Di Re Cl 26	REFT ADDRESS: vision of Corporations rgistration Section ifton Building 61 Executive Center Circle illahassee, FL 32301	e
Enclosed is	s a check for the 1 125.00 Filing Fee	following amount: \$\Begin{align*} \Boxed{\text{S130.00 Filing Fermiticate of States} \text{Certificate of States}		

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

and the second of the second o

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. Sun TRS Blue Heron Pines 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 Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
2. Michigan	3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Upon Filing	-2
(Date first transacted busines	is in Florida, if prior to registration.) 905, F.S. to determine penalty liability)
5. 27777 Franklin Road, Suite 200, Southfield, MI 48034	
	(SE) 1
	<u>0.7</u>
(Ztreet Vot	dress of Principal Office)
6. 27777 Franklin Road, Suite 200, Southfield, MI 48034	
	30
	Mailing Address)
7. The name, title or capacity and address of the p John B. McLaren, Sole Manager	person(s) who has/have authority to manage is/are:
27777 Frankin Road, Suite 200, Southfield, MI 48034	
having custody of records in the jurisdiction under acceptable. If the certificate is in a foreign languag must be submitted)	no more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not se, a translation of the certificate under oath of the translator
(In accordance with section 605,0203, F.S., the execution of this document	of an authorized person constitutes an affirmation under the penalties of perjury that the facu stated herein are true. I ment of State constitutes a third degree felony as provided for in a.817.155, F.S.)
Susan R. Mc	Master, Authorized Representative
Typed or prin	nted 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.

iun TRS Blu	e Heron Pines LLC		
î unavailat	ole, the alternate to be used in th	ne state of Florida is:	
. The nam	ne and the Florida street address	s of the registered agent and off	ice are:
	NRAI Services, Inc.		14 S.S.S.
		(Name)	Fig. 3
	1200 South Pine Island Road		FLOR
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324 City/State/Zip	
lability con egistered c tatutes reli	en named as registered agent and impany at the place designated in agent and agree to act in this capating to the proper and complete obligations of my position as reg	n this certificate, I hereby accept pacity. I firther agree to comply e performance of my duties, and	the appointment as wwith the provisions of all I am familiar with and

Designation of Registered Agent

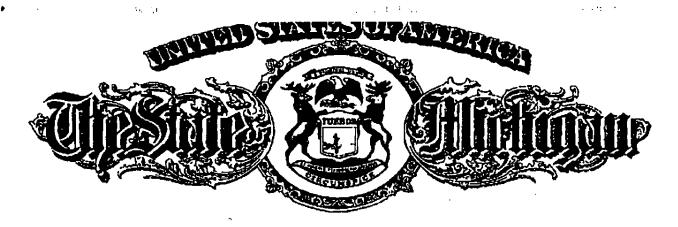
Certificate of Status (optional)

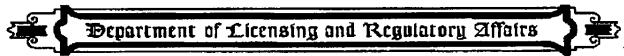
Certified Copy (optional)

\$ 25.00

\$ 30.00

\$ 5.00





Lausing, Michigan

This is to Certify That

SUN TRS BLUE HERON PINES LLC

was validly organized on September 26, 2014 as a Limited Liability Company. Sald Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1286467

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of December, 2014

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau