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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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. **

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Foreign Limited Liability Company HABITAT AMERICA LLC

Certificate of Status	0
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Corporate Filing Menu

DEC 3 1 2014
J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE						
		Name of Limit	ed Liability Company			
The end	closed "Application by Foreign Limited ce, and check are submitted to register t	Liability Com he above refer	pany for Authorization pany for Authorization for the control of t	on to Trans d linbility c	act Business in Florida," ompany to transact busin	Certificate o ess in Florid
Please r	return all correspondence concerning thi	s matter to the	following:			
	CATHERINE J. MURPHY					
	,	N	ame of Person			
	HABITAT AMERICA, LLC					
		ŧ.	irm/Compuny			
	180 ADMIRAL COCHRANE DRIVE, SUITE 200					
			Address			
	ANNAPOLIS, MD 21401					
		City/S	itate and Zip Code	•		
	cmurphy@habitatamerica.com					
		•	d for future annual repo	on notification	unj	
For furt	ther information concerning this matter,	please call:				
	Catherine Murphy		_at (443)	716-2551		
	Name of Contact Perso	т	Area Code	Dayti	ne Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section	Divisio	eT ADDRESS:			
P.O. Box 6327		• • •	ation Section Building			
	Tallahassee, FL 32314	_	xecutive Center Circlessee, FL 32301	le		
Enclos	sed is a check for the following ar					
	☐ \$125.00 Filing Fee ☐ \$130.00 I Certificat	Filing Fee & te of Status	☐ \$155,00 Filing Certified Copy		□ \$160.00 Filing Fee, Ce of Status & Certified C	

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:

I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The ability Company," "L.L.C." or "L.L.C.")	a anciente mante musa metrode 47
Maryland 3. 52-1851030	
(Jurisdiction under the law of which foreign limited liability (FE) numbers (FE) nu	er, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	y) 🕏
180 ADMIRAL COCHRANE DRIVE, SUITE 200 ANNAPOLIS, MD 21401	景
	(3)
	ŏ
(Street Address of Principal Office) 180 ADMIRAL COCHRANE DRIVE, SUITE 200 ANNAPOLIS, MD 21401	
P. Communication of the Commun	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authorized the person (s) who have a the perso	ority to manage is/are:
	ority to manage is/are:
. The name, title or capacity and address of the person(s) who has/have authoral ATHERINE J. MURPHY- President	ly authenticated by the of zed. (A photocopy is not
The name, title or capacity and address of the person(s) who has/have authors. ATHERINE J. MURPHY- President BO ADMIRAL COCHRANE DRIVE, SUITE 200 ANNAPOLIS, MD 21401 Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organizeceptable. If the certificate is in a foreign language, a translation of the certific	ly authenticated by the of zed. (A photocopy is not
The name, title or capacity and address of the person(s) who has/have author ATHERINE J. MURPHY- President BO ADMIRAL COCHRANE DRIVE, SUITE 200 ANNAPOLIS, MD 21401 Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organic ceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	ly authenticated by the of zed. (A photocopy is not
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The name, title or capacity and address of the person(s) who has/have author ATHERINE J. MURPHY- President BO ADMIRAL COCHRANE DRIVE, SUITE 200 ANNAPOLIS, MD 21401 Attached is an original certificate of existence, no more than 90 days old, during custody of records in the jurisdiction under the law of which it is organic ceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	ly authenticated by the of zed. (A photocopy is not cate under oath of the transities of perjury that the facts stated her

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.

1. The name of the	e Limited Liability (Company is:		
HABITAT AMERIC	A LLC			
If unavailable, the	alternate to be used	in the state of Florida is:		
2. The name and t	he Florida street add	dress of the registered agent and office a	re:	
С	T Corporation System	#	SIAIG	
		(Name)	DEC	ROIS
12	1200 South Pine Island Road		30	. 유주. (22)
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)		PM 12: 47	305 S
PI	antation	FL 33324	2: L :	MILE
		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.

By: Jordan Brown, Assistant Secretary CT Corporation System

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HABITAT AMERICA LLC, REGISTERED NOVEMBER 30, 1993, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 30, 2014.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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