## Florida Department of State

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#### Foreign Limited Liability Company Waypoint Falcon Trace GP, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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#### **COVER LETTER**

ፍተነጽ (ድርጥ-	Waypoint Falcon Trace GP, LLC					
SUBJECT:	Name of Limited Liability Company					
	"Application by Foreign Limited Lia d check are submitted to register the					
Please return	all correspondence concerning this m	atter to the	following:			
	Candice Carpenter					
		N	ame of Person			
	Waypoint Residential					
		Fi	rm/Company			
	3475 Piedmont Road NE, Suite	1640				
			Address			
	Atlanta, GA 30305					
		City/S	tate and Zip Code			
	ccarpenter@waypointresidential.					
For further in	t-mail address		d for future annual rep	or, name	(RION)	
Cu	ndice Curpenter		at (.770	817-593	19 rtime Telephone Number	
	Name of Contact Person		Area Code	Day	rtime Telephone Number	
Div Reg	ALLING ADDRESS: vision of Corporations gistration Section b. Box 6327	Divisio Registr	ET ADDRESS: on of Corporations ation Section Building			
	lahassee, FL 32314	2661 E	xecutive Center Cir assee, FL 32301	cle		
	s a check for the following ame \$125.00 Filing Fee \$130.00 Fil Certificate	ing Fee &	S155.00 Filing Certified Cop	-	☐ \$160.00 Filing Fcc, Certificate 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:

Waypoint Falcon Trace GP, LLC	
(Name of Foreign Limited Liability Company; must	include 'Limited Liability Company," "L.L.C.," or "LUC."
(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. Delaware	3 37-1769560
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Upon filing	
	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)
5. Three Pickwick Plaza, 4th Floor	5 7
Greenwich, CT 06830	
(Street Ad	Idress of Principal Office)
6. 3475 Pledmont Road NE, Suite 1640	0.F. 120
Atlanta, GA 30305	
(1	Mailing Address)
7. The name, title or capacity and address of the	person(s) who has/have authority to manage is/are:
	person(e) and the training to manage to 2.5.
Waypoint Falcon Trace Investors, LP - Sole Member	
Three Pickwick Plaza, 4th Floor	
Greenwich, CT 06830	
having custody of records in the jurisdiction unde	no more than 90 days old, duly authenticated by the official r the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator
In accordance with section 605.0203, F.S., the execution of this document am aware that any false information submitted in a document to the Department of t	of an authorized person st constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I rement of State constitutes a third degree felony as provided for an \$ \$17.155, F.S.)
Typed or pr	inted 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 Limited Liability Compan	ny is:	
Waypoint Falcon Trace GP, LLC		
If unavailable, the alternate to be used in the	state of Florida is:	THE SHAPE OF THE S
2. The name and the Florida street address of	The registered agent and office are	Service of the control of the contro
C T Corporation System		19 PS
	(Name)	
1200 South Pinc Island Road		
Florida Street Addr	ess (P.O. BOX NOT ACCEPTABLE)	
Plantation	PL 33324 City/State/Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capac statutes relating to the proper and complete peaccept the obligations of my position as regist Statutes.	is certificate, I hereby accept the ap city. I further agree to comply with t erformance of my duties, and I am fi	pointment as the provisions of all amiliar with and
C T Corporation System By:	(c	le substanția
(Signat	ure)	
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	·

# Delaware

PAGE 3

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAYPOINT FALCON TRACE GP, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2015.

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

5635051 8300

150091746

You may varify this certificate online at corp. delewere.gov/authver.shtml

Jeffray W. Bullack, Secretary of State

UTHENTY CATION: 2064386

DATE: 01-23-15