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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

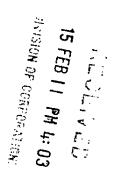
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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xx	FILING LLC	
1.	EH TAMPA WESTSHORE, LLC (CORPORATE NAME AND DOCUMENT #)	ALE IS
2.	(CORPORATE NAME AND DOCUMENT #)	ANT OF STATE
3.	(CORPORATE NAME AND DOCUMENT #)	<u> </u>
4.	(CORPORATE NAME AND DOCUMENT #)	
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6.	(CORPORATE NAME AND DOCUMENT #)	
SPECIA	L INSTRUCTIONS:	

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURTECT:

EH Tampa Westshore, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

# Samantha Campbell Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd., Suite 300 Address Austin, TX 78744 City/State and Zip Code clientservices@rasi.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Campbell

, 888

705-7274

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, 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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternative Company, "L.L.C." or "LLC.")	ernate name must include "Limited
Delaware	
(Jurisdiction under the law of which foreign limited liability (FEI number, i	f applicable)
company is organized)  4. upon approval	
(Date first transacted business in Florida, if prior to registration.)	-
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	<b>;</b>
<sub>5.</sub> 5005 LBJ Freeway Suite 1200	<del></del>
Dallas, TX 75244	
(Street Address of Principal Office)	CO temps
6	7 × × ×
(Mailing Address)	
7. (The name, title or capacity and address of the person(s) who has/have authority	y to manage is/are
Charles A. Omage, Executive Vice President	
5005 LBJ Freeway, Suite 1200	
Dallas, TX 75244	
8. Attached is an original certificate of existence, no more than 90 days old, duly a having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	d. (A photocopy is not
CO a.S	
Signature of an authorized person	

Charles A. Omage

(Typed or printed name of signee)

am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# 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.

I. The name of the Limited Liability Com EH Tampa Westshore, L	• •	
If unavailable, the alternate to be used in the	he state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are:	7A.8.
Registered Age	ent Solutions, Inc.	2015 FEB   1
	(Nume)	- 555 = Page
155 Office Plaz	za Dr. Suite A	# A IT
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee	32301	<b>1 2</b>
	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.

Jaclyn Wright, Asst. Secretary

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