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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

WALK IN
ENTITY NAME: Greenfield Cypress, LLC
CK #
AMOUNT: This filing \$15500
PLEASE FILE THE ATTACHED AND RETURN:
_ PLAIN COPY
X CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.
THANK YOU!
TINA GOFF, PRESIDENT

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. Greenfield Cyp		
(Name of Fore	eign Limited Liability Company; must include "Limited Liab	ility Company, ""L.L.C.," or "L.L.C.")
(If name unavailable, enter a	alternate name adopted for the purpose of transacting business," or "LLC.")	s in Florida. The alternate name must include "Limited
_{2.} Delaware	3.	
(Jurisdiction under the law company is organized)	w of which foreign limited liability	(FEI number, if applicable)
4. Upon Filing		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)
5. 2 Post Road	d West	
Westport, C	T 06880	20 E
	(Street Address of Principal Offic	xe)
6. 2 Post Road	l West	70 9
Westport, C		9: 52
	(Mailing Address)	
7. The name, title or	capacity and address of the person(s) who ha	s/have authority to manage is/are:
	sus, Senior Vice President	
2 Post Road V	Nest	
Westport, CT	06880	
having custody of reco	inal certificate of existence, no more than 90 cords in the jurisdiction under the law of which ificate is in a foreign language, a translation o	n it is organized. (A photocopy is not
	Pon	
	Signature of an authorized p 0203, F.S., the execution of this document constitutes an affirmation ation submitted in a document to the Department of State constitutes	n under the penalties of perjury that the facts stated herein are true I
	Barry P. Marcus	
	Typed or printed name of sign	nee

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	Lighility	Company	ie.
Ι.	THE HAIRE	or mic	THILLICA	Liability	Соппрацу	12.

Greenfield Cypress, LLC

If unavailable, t	ne alternate to be u	sed in the state of Florida is:	7015FE
2. The name an	d the Florida stree	t address of the registered agent and office are:	ASSET ASSET
	United Co	rporate Services, Inc.	E. FLOR
	9200 Sou	th Dadeland Blvd Suite 508	<u> </u>
	Florida	a Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami	33156	

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.

United Corporate Services, Inc.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GREENFIELD CYPRESS 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 TWENTIETH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENFIELD CYPRESS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4540078 8300

150229820

AUTHENTY CATION: 2136437

DATE: 02-20-15

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