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SECRETARY OF SIAIE
TATEMENT OF SECRETARY

J. Shivers FEB 2 7 2015

COVER LETTER

TO:

Registration Section Division of Corporations

DSLD Homes, (Gulf Coast) 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:

Edward H. Warner, Attorney

Name of Person

Kean Miller LLP

Firm/Company

400 CONVENTION STREET, SUITE 700

BATON ROUGE, LA 70802

City/State and Zip Code

EDWARD.WARNER@KEANMILLER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward H. Warner, Attorney at 225

Name of Contact Person

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 FÖREIGN 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:

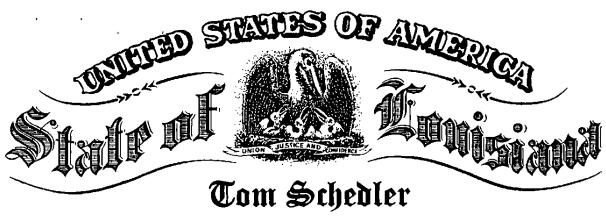
	nust include	"Limited Liability C	ompany," "L.L.C	.," or "LLC	·.")	
f name unavailable, enter alternate name adopted for the purp ability Company," "L.L.C," or "LLC,")	pose of trans	acting business in FI	lorida. The alterna	ite name mi	ıst inclu	de "Limite
Louisiana	3.	38-39312	18			
(Jurisdiction under the law of which foreign limited liability company is organized)			FEI number, if ap	plicable)		
(Date first transacted bu	einese in Fla	rida if prior to regis	tration)			
(See sections 605,0904 & 6	605.0905, F.	S, to determine pena	lty liability)			
13348 Coursey Blvd, Suite A		_	LA 708	16		
DSLD Homes, (Gulf Coast) I		Principal Office)				
13348 Coursey Blvd, Suite A	A Bat		LA 708	16		
. The name, title or capacity and address of the	·			o manage	is/ar	e:
Saun August Sullivan, Chief E	xecut	ve Onicer		ATTACK O	EB 23 P	Esserine Strawnsky
Attached is an original certificate of existence aving custody of records in the jurisdiction unsceptable. If the certificate is in a foreign langust be submitted)	ce, no mo	re than 90 days	old, duly aut s organized. (A photo	B 23 PM 12: 55	he offici
Attached is an original certificate of existence aving custody of records in the jurisdiction un exceptable. If the certificate is in a foreign langust be submitted)	ee, no mo ider the la uage, a tr	re than 90 days aw of which it is anslation of the uthorized personation and	old, duly aut s organized. (certificate un on	A photos ander oath	B 23 PM 12: d by t copy i of the	he offici s not e transla

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 Company is:

DSLD Homes (Gu	nlf Coast), LLC
If unavailable, the alto	ernate to be used in the state of Florida is:
2. The name and the	Florida street address of the registered agent and office are:
СТС	'orporation System
***************************************	(Name)
1200	South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Planta	tion FL 33324
	City/State/Zip
liability company at th registered agent and a statutes relating to the	registered agent and to accept service of process for the above stated limited e place designated in this certificate, I hereby accept the appointment as gree to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, Elorida
C'	Jayna Nickell S Corporation System Asst. Secretary
<u>By:</u>	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

DSLD HOMES (GULF COAST), LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 09, 2014,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 20, 2015

Secretary of State

Web 41519536K



Certificate ID: 10573014#BFG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov