Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H15000050935 3)))



H150000509353ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAG00000023 Phone : (850)222-1092 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.

Email Address:

RESTANO ON SUNDANS NUMBER OF STANDARD S

Foreign Limited Liability Company Goodman Doral 88th Court LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

MAR 02 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| | stration Section sian of Carporations | ; | | | | |
|--------------------------------|--|--|--|---------------------------------|--|----------------------------------|
| SUBJECT: | Goodman Doral \$8th | Court LLC | | | | |
| | | Name of Limite | d Liability Company | | | |
| The enclosed Existence, and | "Application by Forei d check are submitted | ign Limited Liability Com to register the above refer | pany for Authorizatio enced foreign limited | on to Transact Hiability com | Business in Florida," (pany to transact busine | Certificate of ss in Florida. |
| Please return | all correspondence co | oncerning this matter to the | following: | | | |
| | Stacey M. Cristau | ıda | | | | • |
| | | N | ame of Person | | | |
| | Goodman Birtche | er North America Manager | ment LLC | | | |
| | | r | irm/Company | | | |
| | 18201 Von Karm | an Avenue, Suite 1170 | | | | |
| | | | Address | | | |
| | Irvine, California | | | | | 8 5 |
| | | City/S | ilate and Zip Code | | | ရွှိ က |
| | stacey.cristaudo@ |]goodman.com | | | 100 mm (mm) (mm) (mm) (mm) (mm) (mm) (mm) |] |
| | | E-mail address: (to be use | d for future annual repo | ort notification. | rri - | 27 27 |
| For further in | formation concerning | this maner, please call: | | | ري <u>سام</u> آريسيان | |
| Stat | cey M. Cristaude | | n / 949 | 407-0145 | <u> </u> | |
| · | Name of | Contact Person | Area Code | Daytime | Telephone Number | , 9 |
| Divi Regi P.O. | ILING ADDRESS: sign of Corporations istration Section Box 6327 abassee, FL 32314 | Division Registr Cliffon 2661 E | ET ADDRESS: on of Corporations ation Section Building executive Center Circussee, FL 32301 | le | | |
| | s a check for the fo 125.00 Filing Fee | ollowing amount: © \$130.00 Filing Fee & Cenificate of Status | 1 \$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:

| enter alternate name adopted for the purpose of transacting business in Florida. The alternate name "L.L.C." or "LLC.") | me must include "Limited |
|--|--------------------------|
| 3. | |
| r the law of which foreign limited liability (FEI number, if applicatived) | ble) |
| | -1,0 <u></u> |
| (Date first transacted business in Plarida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| man Avenue, Suite 1170 | _ हिन स |
| nia 92612 | 27 597 597 |
| (Street Address of Principal Office) | 21.7 |
| man Avenue, Suite 1170 | |
| nia 92612 (Mailing Address) | : 59 |
| itle or capacity and address of the person(s) who has/have authority to ma | nage is/are: |
| itle or capacity and address of the person(s) who has/have authority to ma 8th Court Trust, Sole Member In Avenue, Suite 1170 92612 | nage is/are: |
| 8th Court Trust, Sole Member in Avenue, Suite 1170 | duly authent |

1. The name of the Limited Liability Company is:

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.

| | e, the alternate to be used in the | state of Florida is: | |
|---|---|--|---|
| 2. The name | and the Florida street address o | f the registered agent and office are: | 7.26 5 |
| | C T Corporation System | | |
| | | (Name) | FEB 27 AHASSI |
| | 1200 South Pine Island Road | | 1010 |
| | Florida Street Adde | ess (P.O. Box NOT ACCEPTABLE) | 一 四局 墓 |
| | | | 용로 표 |
| | Plantation | r1 33324 | <u>ु</u> स्त्र |
| | . 20011011 | City/State/Zip | _ |
| liability compregistered ag statutes relai | pany at the place designated in the gent and agree to act in this capa ing to the proper and complete p | o accept service of process for the abo is certificate, I hereby accept the appo city. I further agree to comply with the erformance of my duties, and I am fan tered agent as provided for in Chapter | ointment as e provisions of all niliar with and |
| | C T Corporation System By: (Signal | Jordan Brown, Asst. | Secretary |
| | \$ 100.00 \$ 25.00 | Filing Fee for Application Designation of Registered Agent | |

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GOODMAN DORAL 88TH COURT 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-FIFTH DAY OF FEBRUARY, A.D.
2015.

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

15 FEB 27 - 11:59
SECRETARY OF STATE
TO ANALYSIS FOR STATE

5699824 8300

150257845

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

AUTHENTICATION: 2150524

DATE: 02-25-15