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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WATERMAYER LAKE POINTE WOODS, 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:
LICENSING AND COMPLIANCE Name of Person
WATERMARK RETREMENT COMMUNITIES, INC.
2020 W. RUDASILL ROAD Address
TUCSON, AZ 85704 City/State and Zip Code
licensinge watermarkcommunities. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GRETA FRAZIER at (520) 797-4000 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \$125.00 \text{ Filing Fee} \\ \text{Certificate} \\ \text{Certificate} \text{Opy} \\ \text{Certified Copy} \end{array} \text{\$\Begin{array}{c} \pm \$160.00 \text{ Filing Fee}, \text{Certified Copy} \\ \text{of Status & Certified Copy} \end{array}

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. WATERMANY LAKE POINTE WODDS, LLC (Name of Foreign Limited Liability Company; must Include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida The alternate name must include "L Liability Company," "L.L.C," or "LLC.") 2. DELAW AVEE	— imited
4. 1011/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 7020 W. RUDASILL ROAD, TUCSON, AZ 95704	La Friday
(Street Address of Principal Office) (Street Address of Principal Office) (Street Address of Principal Office) (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: DAVID BARNES, DAVID PRESHWATER - MUTHORITED AGENT 2020 W. RUDASILL ROAD, TUCSON, AZ 85704	_ _
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the or having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the transmust be submitted)	t

Signature of an authorized person
(In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I 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.)

Typed or printed 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 Company is: WATER MODS, LLC If unavailable, the alternate to be used in the state of Florida is:		-	
If thiavailable, the afternate to be used in the state of Profita is.			
2. The name and the Florida street address of the registered agent and office are:	TALLA	15 H.	escare.
CT CORPORATION SYSTEM	HASSEE	HAR 20 P	A segment
1200 SOUTH PINE ISLAND ROAD Florida Street Address (P.O. Box NOT ACCEPTABLE)	IF STATE . FLORIDA	PH 1: 57	The state of the s
PLANTATION FL 33324 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.

Maria Bacta_____

Maria Ozaeta, Vice President

(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERMARK LAKE POINTE WOODS, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2015.

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AUTHENTY CATION: 2112808

DATE: 02-11-15

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