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WHR 3 I MITS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 568724 9964A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 30, 2015

ORDER TIME : 11:35 AM

ORDER NO. : 568724-005

CUSTOMER NO: 9964A

#### FOREIGN FILINGS

NAME: TARPON TOWERS II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## 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. Tarpon Towers II, 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 "Li Liability Company," "L.L.C," or "LLC.")	— nited
<sub>2.</sub> Delaware <sub>3.</sub> 47-3280109	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4. Upon qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-
5. 1001 3rd Avenue West, Suite 420	
Bradenton, FL 34205	•
(Street Address of Principal Office)	
<sub>6.</sub> 1001 3rd Avenue West, Suite 420	
Bradenton, FL 34205	•
(Mailing Address)	·
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are in	.2815
See attached Exhibit "A"	HAR
	R 30
Service Servic	2954
	AH 9
B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office aving 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 translation be submitted)	
Signature of an authorized person	
n 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 in 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.)	are true. I
Brett Buggeln, President	
Typed or printed name of signee	

#### EXHIBIT "A"

Name & Address	<u>Title</u>	
Tarpon Towers, LLC 1001 3 <sup>rd</sup> Avenue West Suite 420 Bradenton, FL 34205	Manager	
Brett Buggeln 1001 3 <sup>rd</sup> Avenue West Suite 420 Bradenton, FL 34205	President	
Gail Guteau 1001 3 <sup>rd</sup> Avenue West Suite 420 Bradenton, FL 34205	Chief Financial Officer, Treasurer and Secretary	2815 FALL
William T. Freeman 1001 3 <sup>rd</sup> Avenue West Suite 420 Bradenton, FL 34205	EVP – Finance	MAR 30 AM
Ronald G. Bizick, II 1001 3 <sup>rd</sup> Avenue West Suite 420 Bradenton, FL 34205	EVP – Business Development	9:39

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (I)(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.

_	ne of the Limited Liability Con Towers II, LLC	• •		
If unavailab	ole, the alternate to be used in	the state of Florida is:		
2. The nam	ne and the Florida street addre	ess of the registered agent and c	office are:	
	76.			
	Corporation Service Company (Name)			
1201 Hays Street		ASSE		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE		
	Tallahassee	FL 32301-2525		
		City/State/Zip	* Tan * * * * * * * * * * * * * * * * * * *	
liability com <sub>l</sub> registered ag statutes relat accept the ob	pany at the place designated i gent and agree to act in this co ing to the proper and comple	nd to accept service of process foin this certificate, I hereby accepapacity. I further agree to comp te performance of my duties, and gistered agent as provided for it	ot the appointment as ly with the provisions of all d I am familiar with and	
Statules.	(Si	g ature)	Courtney Williams Asst. Vice President	
	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	Designation of Registered Certified Copy (optional)	Agent	

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TARPON TOWERS II, 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-FOURTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TARPON TOWERS II, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2015.

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

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AUTHENTICATION: 2228457

DATE: 03-24-15

150401844