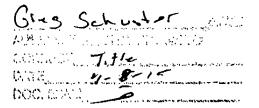
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| (Business Entity Name) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only





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TALLAHASSEL FLORIDA

LEVY & HALPERIN, LLP

381 PARK AVENUE SOUTH
SUITE 713
NEW YORK, NEW YORK 10016
TEL (212) 481-3700
FAX (212) 481-7222

March 3, 2015

Via FedEx Trk# 7730 3871 3258 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Arbour Ponds Apartments (Delaware), LLC

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced Delaware LLC. I have included check no. 4641 in the amount of \$160.00 made payable to the Florida Department of State as payment for the Filing Fee, Certificate of Status & Certified Copy.

I have also included a prepaid FedEx return label. Please use this label to return the documents to me.

Very truly yours,

Greg Schuster Paralegal

COVER LETTER

TO: Registration Section **Division of Corporations**

Arbour Ponds Apartments (Delaware), 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:

| Greg Sc | huster | | |
|--|---|---|--------------------------|
| | N | ame of Person | |
| Levy & F | Halperin, LL | Р | |
| | F | irm/Company | |
| 381 Par | k Avenue S | outh, Suit | e 713 |
| | | Address | |
| New Yo | rk, NY 1001 | 6 | |
| | City/S | tate and Zip Code | |
| greg@le | vyhalperin.d | | |
| | E-mail address: (to be use | d for future annual rep | ort notification) |
| For further information concerning | this matter, please call: | | |
| Greg Schuster | | _{at} 212 | 481-3700 |
| Name of | Contact Person | Area Code | Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Divisio Registr Clifton 2661 E | ET ADDRESS: n of Corporations ation Section Building xecutive Center Circ ssee, FL 32301 | ele |
| Enclosed is a check for the fo | llowing amount: | | |
| | ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Certified Copy | <u> </u> |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Arbour Ponds Apartments (Delaware), 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 "Limited Liability Company," "L.L.C," or "LLC.") |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. Tax ID- 47-3382816 (FEI number, if applicable) |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| 4 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| _{5.} <u>c/o Maxx Properties</u> |
| 600 Mamaroneck Ave, Harrison, NY 10528 |
| 6. c/o Maxx Properties (Street Address of Principal Office) |
| |
| 600 Mamaroneck Ave, Harrison, NY 10528 |
| |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Eric R. Wiener Mac. |
| c/o Maxx Properties |
| 600 Mamaroneck Ave, Harrison, NY 10528 |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 translator must be submitted) |
| |
| |
| 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.) |

Keith G. Halperin

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 1 | O DESIGNATE A | REGISTERED | OFFICE AND | REGISTER | ED |
|-------------------------|---------------|------------|------------|----------|----|
| AGENT IN THE STATE OF F | LORIDA. | | | | |
| | | | | | |
| | | | | | |

1. The name of the Limited Liability Company is:

Arbour Ponds Apartments (Delaware), LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Robert Elias

(Name)

15500 New Barn Road, Suite 104

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami Lakes

City/State/Zip

Having been named us 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.

\$ 100.00 Filing Fee for Application

25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ARBOUR PONDS APARTMENTS (DELAWARE),

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 SIXTH DAY OF MARCH, A.D.

2015.

15 MAR 17 PM 4: 58
SECRETARY OF STATE
VALLAHASSEE, FLORIDA

5692248 8300

150323341

AUTHENTICATION: 2175782

DATE: 03-06-15

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