# M5000355/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300271344253

15 APR 22 PM 1: 1.6

BULL TOWNER OF FILTHS

TO ACKNOWLE OF FILTHS

DEPARTMENT OF STATE

2115 APR 22 PM 1: 19

APR 23 2015

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04-22-15

NAME:

PURE LIVING MULTI-FAMILY HOLDING LLC

TYPE OF FILING: QUALIFICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJECT: Pure Living Multi-Family Holding LLC Name of Limited Liability Company					
		reign Limited Liability Company for Authorization to Transact Business in Florida," ed to register the above referenced foreign limited liability company to transact busin			
Please	return all correspondence	concerning this matter to the following:			
	<del></del>	Name of Person			
		Capitol Services - Corporate Fillings Team Finit/Company			
800 Brazos Ste 400 Address					
Austin TX 78701  City/State and Zip Code					
	<del></del>	E-mail address: (to be used for future annual report notification)		2815	CARTACON TO SERVICE STREET
For fu	ALL AHA	AP 2	must d		
		al ( 800 ) 345-4647	8 W	22	P. Carren
	Name	of Contact Person Area Code Daytimo Telephone Number	71175 71175	70	A STORY
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		CORIDA FSIAIE	# -: -9	in the state of th
Enclo	osed is a check for the	following amount:  \$\sum_{130.00}\$ \text{ Filing Fee & } \sum_{155.00}\$ \text{ Filing Fee & } \sum_{160.00}\$ \text{ Filing Fee, Contificate of Status} \text{ Certified Copy } \text{ of Status & Certified Copy}			

## 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. Pure Living Multi-Family Holding 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 "Limite Liability Company," "L.L.C," or "LLC.")	d
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 47-3755350 (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, 2200 Villa Verano Way	
Kissimmee, FL 34744 (Street Address of Principal Office)	
6. <u>1801 - 3300 Bloor St. West, West Tower</u>	
Toronto, ON M8X 2X2 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	2815 A
Stephen S, Maris, Director, 547 University Drive, Woodland Park, CO 80863	PR 22
řest Mariana do mariana do m Mariana do mariana do mari	P
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offici having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	al 😡
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation must be submitted)	tor
E. Kush	
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 a 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.)	re Inic. I
Evan Kirsh Typed or printed name of signee	
i Abed of hittied transe of piguee	

# 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 Compar	ıy is:			
	Pure Living N	Multi-Family Holo	ling LLC		
If unavailable, th	ne alternate to be used in the s	state of Florida is:			
2. The name and	d the Florida street address of	the registered age	nt and office are:	- F2	
	Сар	oltol Corporate S (Name)	Services, Inc.	IS APR 22	Service Control of the Control of th
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)				70 TO	
	Tallahassee	FL City/State/Zin	32301	11.19 11.19	"erest "

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.

Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 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 "PURE LIVING MULTI-FAMILY HOLDING

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-FIRST DAY OF

APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURE LIVING MULTI-FAMILY HOLDING LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2014.

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

5651416 8300

150538004

DATE: 04-21-15

AUTHENTICATION: 2307049

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