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| (December 1) |
| (Document Number) |
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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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SECRETARY OF STATE

Edward Land



515 East Park Avenue Tallahassee, FL 32301 855 637 1628 tel 850 224 1640 fax www.ctlegalsolutions.com

6

April 27, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9528253 SO

Customer Reference 1:

Maple #904

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Maple Multi-Family Development, L.L.C. (TX) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

| SUBJECT: | Maple Multi-Family Development, L.L.C. |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Name of Limited Liability Company |
| The enclosed Existence, and | "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of I 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: |
| | Nudia Petrova |
| | Name of Person |
| | TCR |
| | Firm/Company |
| | 3819 Maple Ave |
| | Address |
| | Dalias, TX 75219 |
| | City/State and Zip Code |
| | npetrova@ter.com |
| | E-mail address: (to be used for future annual report notification) |
| For further inf | ormation concerning this matter, please call: |
| Nadi | a Petrova al (214 y 922-8465 |
| | Area Code Daytine Telephone Number |
| Divis Regis P.O. | LING ADDRESS: on of Corporations tration Section Box 6327 Clifton Building assec, FL 32314 Clifton Building Capable Executive Center Circle Tallahassee, FL 32301 |
| | a check for the following amount: 25.00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & \$\Bigsup \\$155.00 Filing Fee & \$\Bigsup \\$160.00 Filing Fee, Certificate Certificate of Status & Certified Copy 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. Maple Multi-Family Develop | | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| (Name of Foreign Lim | ted Liability Company; must include "Limited Liability Comp | any," "L.L.C.," or "LLC.") | - |
| (If name unavailable, enter alternate Liability Company," "L.L.C." or "LI | name adopted for the purpose of transacting business in Florid C.") | i. The alternate name must includ | e "Limited |
| 2. Texas | 3. 611577129 | | |
| (Jurisdiction under the law of whice company is organized) | th foreign limited liability (FEI | number, il'applicable) | |
| 4. April 27, 2015 | | | السب |
| | (Date first transacted business in Florida, if prior to registratic ee sections 605.0904 & 605.0905, F.S. to determine penalty fi | ni.) | सं छ। जिल्ला |
| 5. 3819 Maple Ave | | <u>工</u> 。 [2] | |
| Dullas, TX 75219 | | 60 ° | 27 |
| | (Street Address of Principal Office) | | 7 |
| 6. | · | (D): | |
| 0. | | > | ं ंग |
| | (Mailing Address) | · · · · · · · · · · · · · · · · · · · | |
| • | ity and address of the person(s) who has/have a are limited partnership, its member | | |
| 3617 Maple 7190, Danas, 17, 732 | 17 | | |
| having custody of records in | rtificate of existence, no more than 90 days old the jurisdiction under the law of which it is or is in a foreign language, a translation of the cer | ganized. (A photocopy is | not |
| | Nasia Petrova | | |
| (In accordance with section 605.0203, F.S. ann aware that any false information subm | Signature of an authorized person , the execution of this document constitutes an affirmation under the fitted in a document to the Department of State constitutes a third degr | penalties of perjury that the facts state re felony as provided for in s.817.155 | d herein are true 1 , F S.) |
| Nadia | Petrova, Assistant Secretary | | |
| | 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.

| Maple Mult | i-Family Development, L.L.C. | | and the state of t |
|--------------------------------------------------|--------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If unavaila | able, the alternate to be used | d in the state of Florida is: | |
| 2. The na | me and the Florida street ac | idress of the registered agent and office are: | Pri J |
| | C T Corporation System | | APR 27 |
| | | (Name) | 771 ° 4 |
| | 1200 South Pine Island I | Rond | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | L: 58 |
| | Plantation | F1, 33324 | <ز |
| | | 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.

By: CT Corporation System Mellew Find (Signature) Mark Hollow, Heat See

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

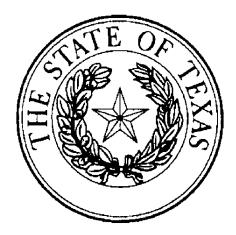
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Maple Multi-Family Development, L.L.C. (file number 801526255), a Domestic Limited Liability Company (LLC), was filed in this office on December 27, 2011.

It is further certified that the entity status in Texas is in existence.

15 APR 27 PH L: 58
SECRETARY SF STATE
FALLAHASSEE, FLORINA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 27, 2015.



Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 603930980003