(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 624244 7560107
AUTHORIZATION MUNICIPALITY
COST LIMIT (\$ 925.00 902.50
ORDER DATE : May 11, 2015
ORDER TIME : 3:36 PM
ORDER NO. : 624244-005
CUSTOMER NO: 7560107
FOREIGN FILINGS
NAME: BH/IGF HIDDEN HARBOUR APARTMENTS LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

COVER LETTER

TO:	Registration Section Division of Corporation	ns								
SHRII		rbour Apartments LLC								
3(-00)	BC1.	Name of	Limited Liability	Company						
					ansact Business in Florida," Certificate of y company to transact business in Floric					
Please	return all correspondence of	concerning this matter to the	e following:							
	Nicholas H. Ro	bby								
	·	Ŋ	lame of Person							
	Davis Brown L	aw Firm								
		Firm/Company								
	215 10th Street	, Suite 1300								
			Address							
	Des Moines, IA	50309								
		City/S	State and Zip Code							
	nickroby@davist	prownlaw.com								
		E-mail address: (to be use	d for future annual	report no	tification)					
For fur	ther information concerning	g this matter, please call:								
	Name o	f Contact Person	at (Area Code	_) Day	rtime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ceutive Center Circle see, FL 32301					
Enclose	ed is a check for the follow: \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate 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. BH/IGF Hidden Harbo (Name of For		Company; must include	"Limited Liability	Company," "L.L.C.," or	"Ll.C.")	_
(If name unavailable, enter a Liability Company," "L.L.C		for the purpose of transa	ncting business in l	Torida. The alternate nan	ne must include "Lir	_ nited
DE	, 01 1270.)	_ 20	0-1996013			
(Jurisdiction under the law	of which foreign limite	.).		El number, if applicable))	-
company is organized)						
. August 20, 2013	(Date first trac	nsacted business in Flori	ida if prior to regi	stration)	+	
	(See sections 60:	5.0904 & 605.0905, F.S.	to determine pen	alty liability)		
400 Locust Street, Sui	te 790				2015 TAL	
Des Moines, IA 50309)				100 mg	41
	(Stree	et Address of Principal C	Office)		CAHA!	g.yg. 1 Eld
400 Locust Street, Suit	e 790				12 ASS	
Des Moines, IA 50309	•	-			REE. THE	1
		(Mailing Address)			# 3: .FL0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Nome and street address	aa of Elouido vooistore	_	NOT		70	
. Name and street address		_	NOT acceptable)		<u> </u>	
Name:	Corporation Se	ervice Company				
Office Address:	1201 Hays Street					
	Tallahassee		, FI	orida <u>32301</u>	_	
Registered agent's accep	tanca:	(City)		(Zip code)		
laving been named us re his application, I hereby with the provisions of all he obligations of my posi	accept the appointm statutes relative to th	ent as registered agen e proper and complet ent.	nt and agree to a te performance Lyd	ict in this capacity. If	further agree to co	mply
	THE	(Registered agent)		THE ITEGRACIA	-	
3. The name, title or capa	ocity and address of the	ha narcon(s) who has/l	have authority to	managa is/asa		
Hidden Harbour l	Manager SPE, LL	C (Harry Bookey.	. Authorized	Officer) . MG1	D NA	
400 Locust Street,				7 1 101	<u> </u>	
Des Moines, Iowa	1 50309					
Attached is a certificate risdiction under the law of the translator must be su	of which it is organiz	e than 90 days old, dui ed. (If the certificate in	ly authenticated s in a foreign lar	by the official having of guage, a translation of	custody of records the certificate und	in the ler oath
	***************************************	Signature of an author	orized person			
in accordance with section ne facts stated herein are t egree felony as provided	rue. I am aware that a	any false information s	ument constitutes submitted in a do	s an affirmation under to coment to the Departm	the penalties of pe nent of State const	rjury that titutes a t
	Harry Bookey					

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BH/IGF HIDDEN HARBOUR APARTMENTS

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 TWELFTH DAY OF MAY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BH/IGF HIDDEN HARBOUR APARTMENTS LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3892013 8300

150655253

Jeffrey W Bullock, Secretary of State AUTHENTICATION: 2368977

DATE: 05-12-15

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