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H150001202213ABCO

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

: (305)416-6800

Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Barrington Family Homes I, LLC

Certificate of Status	1
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Page Count	01
Estimated Charge	\$160.00

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Corporate Filing Menu

Help

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COVER LETTER

Divisi	on of Carporation	DDS				
лвлест: _	Sarrington Family					
~			Limited Liability	Company		
					ansact Business in Florida," ty company to transact busine	
ease return al	II correspondence	concerning this matter to th	e following:			
	Michael Galli	nar				
		1	Vame of Person			
	Adams Gallin	ar, P.A.				
		1	Fam/Company	····		
	1000 Brickell	Ave, Suite 300				
			Address			
	Miami, FL 33	131				
		City/	State and Zip Code			
	nıgallinar@agil	sw.com				
		E-mail address: (to be use	ed for future annua	report no	tification)	
r further info	rmation concerni	ng this matter, please call:				
Micha	ael Galliner		3 05	416-68		
	Name	of Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	FADDRESS: of Corporations ion Section milding scutive Center Circle see, FL 32301	
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May 19, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

AGI REGISTERED AGENTS, INC.

SUBJECT: BARRINGTON FAMILY HOMES I, LLC

REF: W15000035121

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: B15000120221 Letter Number: 615A00010410

RECEIVED
15 MAY 19 MM 10: 38
SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

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

Barrington Family Ho			
(אונס כ מדאים)	reign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter a	alternate name adopted for the purpose of trensact." or "LLC.")		e must include 'Limited
Delaware	271	325145	
(lurisdiction under the law company is organized)	v of which foreign limited liability	(FEI number, if applicable)	
l	(Date first transacted business in Florida	if prior to registration.)	> 1.1
	(See sections 605.0904 & 605.0905, F.S. t	o defermine penalty liability)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			Sp E T
247 SW 8th Street #29		EX	9
2.47.657.04	(Street Address of Principal Off		are -o
247 SW 8In Stree #29	0, Miami, FL 33130		PHI 2
			5:
	(Malling Address)		12: 20 1.41E
	CD 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
. Name and street addre	ess of Florida registered agent: (P.O. Box No	21 acceptable)	
Name:	AGI Registered Agents, Inc.		
Office Address:	1000 Brickell Avenue, Sulte 300		
	Miami	. Florida 33131	
	(City)	, Florida 33131 (Zip code)	
Janing been named as r			
his application, I hereby with the provisions of all	registered agent and to accept service of process accept the appointment as registered agent a statutes relative to the proper and complete sition as registered agent. AGI Registered Agents not By:	and agree to act in this capacity. If	irther agree to comply
his application, I hereby with the provisions of all	accept the appointment as registered agent I statutes relative to the proper and complete sition as registered agent.	and agree to act in this capacity. I fi performance of my duties, and I am	irther agree to comply
his application, I hereby with the provisions of all he obligations of my pos	accept the appointment as registered agent I statutes relative to the proper and complete sition as registered agent. AGI Registered Agents Inc. By: (Registered agent's macity and address of the person(s) who has/hacc	and agree to act in this capacity. I fi performance of my duties, and I am signature) we authority to manage is/are:	irther agree to comply familiar with and accept
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BARRINGTON FAMILY HOMES I, 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 NINETEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARRINGTON FAMILY HOMES I, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2015.

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

5748369 8300

150706972

at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 2388842

DATE: 05-19-15

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