# M5000004134

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DEPARTMENT OF SAME TO MAY 26 PM to 29

2015 HAY 26 PM 12: 2

MAY 2.7 2015 O. BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 640927 433236	2
AUTHORIZATION :	,
COST LIMIT : \$ 125.00	
ORDER DATE : May 22, 2015	
ORDER TIME : 3:26 PM	
ORDER NO. : 640927-005	
CUSTOMER NO: 4332362	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
FOREIGN FILINGS	
NAME: CLEARWATER COLLECTION 15, LLC	
	77 700
XXXX QUALIFICATION (TYPE: LL)	
word word with the same of the	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	FHI2:
CERTIFIED COPY XX PLAIN STAMPED COPY	FHI2: 22
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Lydia Cohen EXT# 62974	

EXAMINER:

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporati	ions					
SUBJE		COLLECTION 15, LLC					
		Name of	Limited Liability	Company		<del></del>	
		oreign Limited Liability Com tted to register the above refer					
Please r	eturn all correspondence	e concerning this matter to the	following:				
	ORLENE MI	ITCHELL					
	<del></del>	N	ame of Person				
	BROWNSTE	EIN HYATT FARBER SCHR	ECK LLP				
Firm/Company						<del></del>	
	410 17TH ST	TREET, STE 2200					
Address							
	DENVER, C	O 80202					
		City/S	tate and Zip Code				
	OMITCHELL(	@BHFS.COM					
		E-mail address: (to be use	d for future annua	report not	tification)	_	
For furth	ner information concerni	ing this matter, please call:					
	Orlene Mitchell		303 at (	223-13	35	<u> </u>	20
	Name	of Contact Person	Arca Code	Day	time Telephone Number	22.7	e T
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			Division Registrati	ADDRESS: of Corporations ion Section	3385V		
	Tallahassee, FL 32314				uilding cutive Center Circle see, FL 32301	E 57/11	5 5
Enclosed	is a check for the follo		T 6166 00 2011	C 0	Eletico de elli	2511 K	)
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified C		

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

IN COMPILANCE 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. CLEARWATER COL	LLECTION 15, LLC		
(Name of For	reign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LL	S. )
(If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the purpose of trans "," or "LLC.")	acting business in Florida. The alternate name m	ist include "Limited
2. DELAWARE	3.		
(Jurisdiction under the law company is organized)	v of which foreign limited liability	(FEI number, if applicable)	<del></del>
4.			
***************************************	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.)  S. to determine penalty liability)	
5. 5690 DTC Boulevard			
Greenwood Village, C			
	(Street Address of Principal	Office)	
6. 5690 DTC Boulevard,	Suite 515		
Greenwood Village, C	CO 80111		
	(Mailing Address)		
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company	-	
	1201 Hays Street	<del>* ,                                   </del>	
Office Address:	1201 mays Street		
	Tallahassee	, Florida <u>32301</u> (Zip code)	2
Registered agent's accep	(City) ptance:	(Zip code)	
		rocess for the above stated corporation at the	
inis application, I nereby with the provisions of all	statutes relative to the proper and comple	ent and agree to act in this capacity. I furthete performance of my duties, and I am fan	ner agree to comply present
the obligutions of my pos	sition as registered opent. Copporation Service Company	Ivdia Cohen	
	By W Bolypany	Asst. Vice President	50 F3
	(Registered agen	t's signature)	
8. The name, title or cap	acity and address of the person(s) who has	/have authority to manage is/are:	±*, , t,⊘
GDA Real Estate Manage	ement, Inc. Marcock		
5690 DTC Boulevard, Su	uite 515		
Greenwood Village, CO	80111		Print-Management
	of which it is organized. (If the certificate submitted)	uly authenticated by the official having custo is in a foreign language, a translation of the	
	Signature of an aud	norized 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.)

Gary J. Dragul, President of GDA Real Estate Management, Inc., Manager

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CLEARWATER COLLECTION 15, 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-SECOND DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEARWATER COLLECTION 15, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2015.

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

5752039 8300

150743026

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 2402651

DATE: 05-22-15

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