Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850) 205-8842

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

Desil	Address:			
	ALLENDO.			

Foreign Limited Liability Company FPA/WC COLLEGIATE HALL, LLC

Certificate of Status	1
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Corporate Filing Menu

Help

6/9/2015

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	T: FPA/WC COLLEGIATE HALL, LLC					
	Name of Limited Lizbility Company					
The end	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	of ida				
Please r	sturn all correspondence concerning this matter to the following:					
	NANCY DUBONNET					
	Name of Person					
	NANCY DUBONNET, APC					
	Firm/Company					
	4685 MacArthur Court, Suite 400					
	Address					
	Newport Beach CA 92660					
	City/State and Zip Code					
	nancy@dubonnetlaw.com E-mail address: (to be used for future angual report notification)					
For furt	er information concerning this matter, please call:					
	Name of Contact Person at (949) 399-2525 Name of Contact Person Area Code Destines Telephone Number					
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations					
	Registration Section Registration Section					
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	ed is a check for the following amount:					
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$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. FPA/WC COLLEGIA	TE HALL, LLC						_
(Nume of Fore	ign Limited Liability Company	must include	"Limited Liabi	lity Company," '	LLC.," or "LL	מיי	
(if name unavailable, enter a Liability Company," "L.L.C.	lternate name adopted for the pure or "LLC.")	apose of trans	acting business	in Florida. The	alternate name m	ust include "Lin	nited
2. DELAWARE		3	22-2462679				
	v of which foreign limited liabili			(FEI numb	r, if applicable)		•
4	HAS not begu	۱۷					_
	(Date first transacted) (See sections 605.0904 &	ousiness in Flo 2 605.0905, F.	nida, if prior to S. to determine	registration.) penalty liability)		
5. 4685 MacArthur Cou	n, Suite 400					(A)	Ġ
Newport Beach CA 9	2660]	
	(Stre	et Address of	Principal Offic	t)		50.5	
6. 4685 MacArthur Cour	1, Suite 400					<u> </u>	4. 京 見
Newport Beach CA 9	2660					72)	M 4:49
		(Mailing	Address)			逆	
7. The name, title or	capacity and address of	the person	ı(s) who has	∴ Vhave autho	rity to manag	ge is/are: 🎔	Lu Co
Michael Earl, MANIA	en 4685 MacArthur Court,	Suite 400, N	lewport Beach	CA 92660	<u> </u>		•
J. Douglas Smith, 1993)	Noen, 310 South Street, M	Iorristown N	ew Jarsey 079	62			_
Donald R. Smith, A.	LINGER_310 South Street, M	lorristowa, N	ew Jersay 079)62 × ~ \ .	••	•	_
having custody of rec	inal certificate of exister ords in the jurisdiction u ificate is in a foreign lan	inder the language, a tr	w of which	it is organize	ed. (A photo	copy is not	
	Signal 9203, P.S., the execution of this do tion submitted in a document to the	curaent constitu		under the peopli			in ere true. I
	Michael B. Earl	<u>_</u>					
	Typed o	r printed n	ame of sign	cc			

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	e of the Limited Liability Compa	any is:				
FPA/WC COI	LLEGIATE HALL, LLC					
If unavailable, the alternate to be used in the state of Florida is:						
2. The nam	e and the Florida street address o	of the registered agent and office are:				
	C T Corporation System					
		(Name)				
	1200 South Pine Island Road					
	Florids Street Add	ress (P.O. Box NOT ACCEPTABLE)				
	Plantation	PI_ 33324				
		Clty/State/Zip				
liability com registered a statutes rela	pany at the place designated in the gent and agree to act in this capa ting to the proper and complete p	to accept service of process for the above stated limited his certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and attered agent as provided for in Chapter 605, Florida				
	By: C T Corporation System Co. (Signature)	nture)				
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)				

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FPA/MC COLLEGIATE HALL, 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 NINTH DAY OF JUNE, A.D. 2015.

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

8300

DATE: 06-09-15

AUTHENTACATION: 2449870