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6/19/15

NAME:

ALAFAYA MULTI-FAMILY HOLDING LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporati	ons					
			nya Multi-Family Holdin of Limited Limbility Company	ng LLC			
				n to Transact Business in Florida," Certificate of liability company to transact business in Florida			
Please	return all correspondence	concerning this mat	ter to the following:				
	· ————,_		Name of Person				
		Capitol Services - Corporate Filings Team  Firm Company					
	. 90	800 Brazos Ste 400 Address					
		Austin TX 78701  City State and Zip Code					
	tbowers@starlightinvest.com						
	***************************************	E-mail address:	to be used for future annual repo	t notification)			
For fu	ther information concern	ing this matter, pleas		0.4E 4047			
	None	of Contact Person	nt ( <u>800</u> ) Area Code	Daytime Telephone Number			
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, PL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclo	sed is a check for the	following amoun \$130.00 Filing Certificate of the control of the c	(Fee & 🔼\$155.00 Filing )	oe & \$\int_\$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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Alafaya Multi-Family Holding LLC

(Name of Foreign Limited Limbility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
(If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The atternat Liability Company," "L.L.C." or "LLC.")	e name must include "Limited				
2. <u>Delaware</u> 3. 47-3845370					
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately)	licable)				
4					
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)					
5. 2200 Villa Verano Way					
Kissimmee, FL 34744					
(Street Address of Principal Office)					
6. <u>2200 Villa Verano Way</u>					
Kissimmee, FL 34744					
(Mailing Address)	······································				
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:				
Stephen S. Maris, Director, 547 University Drive, Woodland Park,CO 808	63				
8. Attached is an original certificate of existence, no more than 90 days old, duly auth having custody of records in the jurisdiction under the law of which it is organized. (A acceptable, If the certificate is in a foreign language, a translation of the certificate und must be submitted)  Signature of an authorized person	A photocopy is not der oath of the translator				
This accordance will, section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of per am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	jury jnat the theis stated herein are true. I vided for in s.R17.155, P.S.)				
Evan Kirsh, President	— ⊼s <u>=</u>				
Typed or printed name of signee	<u>⊢</u> μη Ο				

SECRETARY OF STATE

## 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 of the Limited Liability Company is:				
Alafaya Mu	ulti-Family Hold	ing LLC		
if unavailable, the alternate to be used in the s	state of Florida is	:		
2. The name and the Florida street address of	f the registered ag	ent and office are:		
Capitol Corporate Services, Inc.				
155 Office Plaza Dr. Ste A  Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Tallahassee	FL City/State/Z1p	32301		

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.

Krista Ali, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ALAFAYA MULTI-FAMILY HOLDING 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 JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALAFAYA MULTI-FAMILY HOLDING LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2015.

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

5728687 8300

150944333

AUTHENTY CATION: 2481758

DATE: 06-19-15

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