Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.

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Foreign Limited Liability Company L&B CIP Glades Twin Plaza, LLC

Certificate of Status	0
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Corporate Filing Menu

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6/24/2015

6/24/2015 1:19:32 PM From: To: 8506176381(2/5)

COVER LETTER

		COV	THE LEEK		
	stration Section sion of Corporations				
SUBJECT:	L&B CIP Glades Twi	in Plaza, LLC			
		Name of Limite	d Liability Company		
Existence, and	t check are submitted	to register the above refer	enced foreign limited		iness in Florida," Certificate of to transact business in Florida
Please return :	til correspondence co	ncerning this matter to the	following:		
	Jamie Torkelson				
		N	ame of Person		
	Sutherland Ashill	& Brennan LLP			
			rm/Company		
	999 Peachtree Stre	eet, NE, Suite 2300			
			Address		
	Atlanta, GA 3030	9-3996			
			inte and Zip Code		
	jenny.worthy@sut	lierland.com			
	<u> </u>	E-mail address: (to be used	for future annual report	t notification)	
For further inf	formation concerning	this matter, please call:			
Jami	e Torkelson		_at (404) _4	407-5173	
 	Name of	Contact Person	Aren Cods	Daytime Telep	ihone Number
Divis Regis P.O.	LING ADDRESS: clon of Corporations stration Section Box 6327 hassee, FL 32314	Divisio: Registri Cliston 2661 E:	T ADDRESS: n of Corporations ation Section Building recutive Center Circle ssec. FL 32301		
	a check for the fol 25.00 Filing Pee I	llowing amount: 3 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing For Certified Copy		00 Filing Fee, Certificate ahus & 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:

(Name of Foreign	Limited Liability Company: must incli	ode "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter altern Liability Company," "L.L.C." or		ransacting business in Florida. The alternate name must include	*Limited
2. Delaware		3, 38-3968943	
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI number, if applicable)	
4. April 16, 20 <u>15</u>			
	(Date first transacted business in (See sections 605,0904 & 605,0905	Florida, if prior to registration.) , F.S. to determine penalty liability)	_
5. 8750 North Central Expre	ssway, Suite 800		
Dallas, Texas 75231			
	(Street Addres	s of Principal Office)	— 劉德
6. 8750 North Central Expres	ssvay, Suite 800		7715gg
D. II T			0.5
Dallas, Texas 75231	(Mgill	ing Address)	
			¥.
7. The name, title or cap	sacity and address of the per-	son(s) who has/have authority to manage is/are:	
Christian Metten, Vice Presid	lent of L&B REALTY ADVISOR	S, LLP, the sole manager	
8750 North Central Expressw	ay, Suite 800		
Dallas, Texas 75231			
naving custody of records acceptable. If the certification must be submitted) in accordance with section 603 0203	s in the jurisdiction under the ate is in a foreign language, and a signature of a Signature of a st. F. S., the execution of this document con	more than 90 days old, duly authenticated by the e law of which it is organized. (A photocopy is not a translation of the certificate under oath of the true of the certificate under oath of the certificate under oath of the certificate under oath of the certificate of the certificate of the certificate under oath of the true of the certificate under oath of the certificate under oath of the true oath of the certificate under oath of the true oath of the certificate under oath of the certificate under oath of the true oath of the certificate under oath of the true oath of the certificate under oath of the true oath of the certificate under oath oath oath oath oath oath oath oath	ot anslator heren are true. I
Jan	nie D. Torkelson		
	Typed or printe	d name of signee	

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	of the Limited Liability Company is:	
L&B CIP Glades	s Twin Plaza, LLC	
lf unavailable,	the alternate to be used in the state of Florida is:	,
2. The name a	and the Florida street address of the registered agent and office are:	THE SECOND THE
	C T Corporation System	2 E
	(Name)	
	1200 South Pine Island Road	8
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	Ser on
	Plantation FL 33324	
	Clty/State/Zip	

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.

By: (Signature)

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

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "L&B CIP GLADES TWIN PLAZA, 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-THIRD DAY OF JUNE, A.D. 2015.

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

5710576 8300

150961360

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

jetfrey W. Bullock, Secretary of State

DATE: 06-23-15