7/1/2015 2:47:02 PM From: To: 8506176381(1/4)

Division of Corporations

Page I of I

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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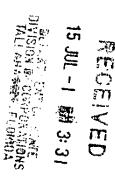
Foreign Limited Liability Company Diamond Oaks Village, LLC

Certificate of Status	1
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COVER LETTER

SUBJECT:	Diamond Oaks Vill	lage, LLC					
dobble:		Name of Limited Liability Company					
				to Transact Business in Florida," Certificate ability company to transact business in Florid			
Please return	a all correspondence	concerning this matter to the	following:				
	Michael J. Ucc	ellini					
		Name of Person					
	Diamond Oaks Village, LLC						
	Pirra/Company						
	300 Jordan Ro	ad					
		Address					
	Troy, New Yo	rk 12180					
		City/9	tate and Zip Code				
	m.uccollini@uge	00.00m					
		E-mail address: (to be used	for future annual repo	ri notifical(on)			
For further in	nformation concernin	g this matter, please call:					
Joh	on R Mineaux Esq		518 46	54-1300			
	Name	of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS; Division of Corporations 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					
	s check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Piling Fee & Certificate of Status	S155.00 Piling Fee	s & = \$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 68,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCI. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OFFILIARION:

Name of For		must Include "Limi	led Liability Company, ""L.L.C.,"	or"ECC")
Liability Company," "L.L.C,	ternate name adopted for the purp	ose of transacting	business in Florida. The alternate r	ume must include "Limited
2. Nesv York		3,		
(Justidletion onder the law	of which larvige limited liability		(FBI number, if applicat	de)
ł	//			
	(Unio first transacion bus (See sections 605,0904 & 6	05.0905, F.S. to do	kemine pushliy ilability)	
300 Jordan Road				
Troy, New York 1218	0			
		Principal Ollico		
300 Jordan Road				
Troy, New York 1218				
	(Mpilles	g Address)		_
. Name and street addres	s:of Florida registered agent: (P.O. Box <u>NOT</u>	ncceptable)	
Name;	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		, Plorida 33324	_
egistered agent's necept	(City)		(Zip cads)	
his application, I hereby i	accept the appointment as regulations are relative to the proper of the	istered agent on and complete per	for the above stated corporation in gree to act in this capacity formance of my duties, and it is JOAn Tolosa Assistant Secretary	I further agree to comply
	/ [Reg	istered agent's sign	etro)	
The name, title or caps	city and address of the person(s) who has/bave	euthority to manage is/are:	
Michael J. Uccellini M	anager			
00 Jordan Road				
roy, New York 12180				
Attached is a certificate prisdiction under the law of the translator must be su	of which it is organized. (If the bimitted)	taya old, duly au cortificate is in a	thenticated by the official havin foreign language, a translation person	g oustody of records in the of the certificate under oath
	605,0203, P.S., the execution us. I am aware that any folso in	of this documen	constitutes an affirmation unde itted in a document to the Depa	
- • •	Michael J. Uccellini			
•		printed name of s	ense	

State of New York Department of State } ss:

I hereby certify, that NG SUITES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/29/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment NG SUITES, LLC, changing its name to DIAMOND OAKS VILLAGE, LLC, was filed 07/01/2014.



Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of June two thousand and fifteen.

Anthony Giardina

Duting Sindina

Executive Deputy Secretary of State

201506250152 * EZ