

## Florida Department of State

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Division of Corporations

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Account Name : NRAI SERVICES, LLC

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Phone : (302)674~4089

Fax Number

: (302)674-5266

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Email Address: LArgall@hollandhart.com

### Foreign Limited Liability Company JAMESTOWN MHC HOMES, LLC

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© 002/005 Page 2 of 2

Electronic Filing Menu Corporate Filing Menu

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

IN COMPLANCE 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:

	in to Holaco, Leo
(Name of Fore	MHC HOMES, LLC
Cname unavailable, enter al lability Company," "F. L.C.	dicinate name adopted for the purpose of nan-acting business in Florida. The alternate name most include "Lamited," or "LEC")
Delaware	3
(Jurisdiction under the law company is organized)	s of which foreign limited hibitity (FFI number, if applicable)
	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
7749 Norma	andy Boulevard, #145
Jacksonville	
	(Street Address of Principal Office)
Same as abo	ove
	(Mailing Address)
7. The name, title or	capacity and address of the person(s) who has/have authority to manage is/are:
	•
and wanagement c	Services LLC, Manager, 7749 Normandy Blvd., #145, Jacksonville, Ft. 32221
780 F F F F F F F F F F F F F F F F F F F	parallel 1978 has been a supposed to the suppo
AT 1999 Y 10 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	AND THE PROPERTY OF THE PROPER
. Attached is an origin	inal certificate of existence, no more than 90 days old, duly authenticated by the officia
aving custody of reco	ords in the jurisdiction under the law of which it is organized. (A photocopy is not
cceptable. If the certification	ificate is in a foreign language, a translation of the certificate under oath of the translate
iust be submitted)	A
	L. A. C. I
	- La Jaile
i accòrdance with section 605.0	Signature of an authorized person  9.93 F.S. the execution of the document constitutes it afformation under the nonative of control free the constitutes in afformation under the nonative of control.
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H150002010453

# 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:  JAMESTOWN MHC HOMES, LLC  If unavailable, the alternate to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:  NRAI Services, Inc.  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT in CLETABLE)  Plantation  FL. 33324  Cine Street/Ap  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 bereby accept the appointment as registered agent and agree to aci in this capacity. I further agree to comply with the provisions of all standes relating to the proper and complete performance of my divies, and t am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Standes.  NRAI Services, Inc.  Signature:  Signature:  Signature:  Signature:  Filing Fee for Application  Signature:  Signature:  Signature:  Signature:  Signature:  Certificate of Status (optional)	AGENT IN THE STATE OF FLOR	UDA.			
2. The name and the Florida street address of the registered agent and office are:  NRAI Services, Inc.  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL  Chrystate/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.  NRAI Services, Inc.  \$ 100.00 Filing Fee for Application  \$ 25.00 Designation of Registered Agentics  \$ 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 "JAMESTOWN MHC HOMES, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAMESTOWN MHC HOMES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2015.

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

5805400 8300

151182749

You may varify this certificate online at corp. deleware. gov/authver. whimi

AUTHENTY CATION: 2653126

DATE: 08-18-15