rage 1 of 1

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

\*\*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 PRII Highland Oaks, LLC

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9/1/2015 10:04:41 AM From: To: 8506176383( 2/4 )

# 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 RESIDENCE STATE OF FLORIDA.

PRILHIGH	NNESS IN THE STATE OF FLORIDA: LAND OAKS, LLC	,			
(Name of Fore	gn Limited Liability Company; must include	"Limited Liability Compony," "L.L.	.C.," or "I.CC.	")	
If name unavailable, enter elt.iability Company," "L.L.C."	crnate name adopted for the purpose of transa	cting business in Florida. The alter	ngie name mus	t includ	e "Limited
Delaware					
(Jurisdiction under the law company is organized)	f which foreign limited liability	(FEI number, if app	licable)		
·					
	(Dute first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.) . to determine penalty liability)			
·	7 Giralda Farms				
•	Madison, New Jersey 07	940			
	(Street Address of Principal C	Office)	<del></del>		
· <u> </u>	7 Giralda Farms				
· · · · · · · · · · · · · · · · · · ·	Madison, New Jersey 07	940	24.54	15	
	(Mailing Address)		3r- 2.1	3S	
Name and street address	of Florida registered agent: (P.O. Box ]	NOT acceptable)	表示	<del>ان</del> ا	t hetwe £ q
Name:	C T Corporation System	<u>.</u>	(V) (A)		\$ <del>++ 4 *</del>
Office Address:	1200 South Pine Island Road			Dr.	,
	Plantation	Florida 33324		7:	أدينا
	(City)	, Florida 33324 (Zip co	ode) 🤤 📻	фņ	
is application, I hereby a ith the provisions of all s a obligations of my posit	estered agent and to accept service of proceed the appointment as registered age. Suites relative to the proper and completion as registered agent.  C T Corporation Angel Shaper Assistant Socratery (Registered agent)	nt and agree to act in this capac te performance of my duties, a	city. I furthe	r agree	to comp
•	(Registered agent	's signature)			
. The name, title or capac	tity and address of the person(s) who has	have authority to manage is/are:			
_	Company of America, acting solely on bel				
nd with its liability limite	d to the assets of, its insurance company a	separate account, PRISA II, its s	ole member	<del></del> -	
Girulda Farms, Madison,	New Jersey 07940				
	of existence, no more than 90 days old, do f which it is organized. (If the certificate bmitted)				
	REFER TO ATTACHED PAGE	GE FOR SIGNATURE			
	Signature of an audi	orized person			
	in accordance with section 605.0203 (1) ( the Department of State constitutes a third				ation
	Typed or printed nam	ne of signer			

#### SIGNATURE PAGE

TO

#### FOREIGN LLC AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: August 31, 2015

#### PRILHIGHLAND OAKS, LLC

By: The Prudential Insurance Company of America, acting solely on behalf of and for the benefit of, and with its liability limited to the assets of, its insurance company separate account, PRISA II, its solid member

`

By:

Name

Title:

JAMES MEHUNDO

1 . . . .

# Delaware

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRII HIGHLAND OAKS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

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

8300

151239674

AUTHENTY CATION: 2691223

DATE: 08-31-15