Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

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## Foreign Limited Liability Company Lakes of Palm Harbor, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

10/16/2015 1:15:23 PM From: To: 8506176383( 2/5 )

FN,							
•	COVER LETTER						
TO: Registration Section Division of Corporations							
SUBJECT: Lakes of Palm Harbor, LLC							
	Name of Limited Liability Company						
The enclosed "Application by Poreign Limited Existence, and check are submitted to register	Liability Company for Authorization to Transact Business in Florids," Certificate the above referenced foreign limited liability company to transact business in Florid						
Please return all correspondence concerning the	ils matter to the following:						
	Name of Person						
	Firm/Conspany						
	Address						
	City/State and Zip Code						
E-mail edd	Iresa: (to be used for future annual report notification)						
For further information concerning this matter,							
Cilff Holi	at (404 ) 853-8224						
Name of Contact Perso	on Area Code Daytime Telephone Number						
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Cilfton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following an							

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BOSINESS IN THE STATE OF FLORIDA:

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## 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 nat	me of the Limited Liabili	ity Company is:		
Lakes of Pa	Im Harbor, LLC			
If unavaila	ible, the alternate to be u	sed in the state of Florida is:		
2. The name	ne and the Florida street	address of the registered agent and office are:		
	C T Corporation System	5m		
		(Name)		
	1200 South Pine Island Road			
	. Florida	Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	DY 33394	5 ₹	
		pour y p		
		OR OR	Þ	
liability con registered a statutes rela	npany at the place design igent and agree to act in t ating to the proper and ca	rent and to accept service of process for the above stated limited wated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida	•	
	C T Corporation Sy By:	Take Hall		
		(Signature) Nathan S. Giffin Asst. Secretary		
	<b>S</b>	100.00 Filing Fee for Application 25.00 Designation of Registered Agent		
	3 S	30.00 Certified Copy (optional)		
	\$	5.00 Certificate of Status (optional)		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LAKES OF PALM HARBOR, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5846092 8300 SR# 20150533668

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

Authentication: 10249909

Date: 10-16-15