

M15000069475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

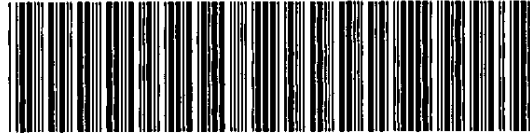
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2015

J SHIVERS



November 19, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached are the documents and funds necessary to register this entity in the State of Florida.
Please process and return the filed copy to:

Cottonwood Residential, Inc.
Attn: Amanda Turley
6340 South 3000 East, Suite 500
Salt Lake City, UT 84121

I would like to thank you, in advance, for your help.

Respectfully,

Amanda Turley
Legal Administrator/ Entity Maintenance
aturley@cottonwoodres.com
801-278-0700

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: Cottonwood Twin Lakes H, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Amanda Turley

Name of Person

Cottonwood Residential

Firm/Company

6340 South 3000 East Suite 500

Address

Salt Lake City, UT 84121

City/State and Zip Code

aturley@cottonwoodres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Turley

801

278-0700

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cottonwood Twin Lakes H, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6340 South 3000 East Suite 500 Salt Lake City, UT 84121

(Street Address of Principal Office)

6. 6340 South 3000 East Suite 500 Salt Lake City, UT 84121

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, , Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)


8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gregg Christensen, Executive VP, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121

Chad Christensen, President, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121

Daniel Shaeffer, CEO, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

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.

Gregg Christensen
Typed or printed name of signer

15 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REC'D

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COTTONWOOD TWIN LAKES H, 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 NINTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COTTONWOOD TWIN LAKES H, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2015.

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

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15 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5867176 8300

SR# 20150847674

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10391245

Date: 11-09-15