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(1	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporatio	ns				
SUBJECT:	Taurus CD 185 Res	erve at Maitland GP, LLC				
		Name of	Limited Liability	Company		
		reign Limited Liability Comp ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Amy Windmil	er				
		N	ame of Person			
	Keating & Sch	litt, P.A.				
		[7]	rm/Company			
	250 East Color	ial Drive, Suite 300				
			Address			
	Orlando, Florio	la 32801				
	-	City/S	tate and Zip Code	2		
	awindmiller@ke	atlaw.com				
		E-mail address: (to be used	I for future annua	l report not	tification)	
For further in	formation concernin	g this matter, please call:				
Amy	y Windmiller		407 at (	425-29	07	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
Divi Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		■ \$160.00 Filing Fee, Co of Status & Certified Cop	

## 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 RUSINESS. IN THE STATE OF FLORIDA:

1. Taurus CD 185 Reserv (Name of For	e at Maitland GP, LLC eign Limited Liability Company; must	inclu	de "Limited Liabi	ity Company," "L.L.C.,"	or "LLC.")		
(15	h	<u> </u>		73			
(ir name unavanable, enter a Liability Company," "L.L.C.	alternate name adopted for the purpose of "LLC.")	n irai	isacting dusiness	in Florida. The alternate n	ame must ine	ciude "i	Limited
2. Delaware		3.	81-0909800				
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicab	le)		_
4.							
	(Date first transacted business (See sections 605.0904 & 605.09	in F1 905. I	orida, if prior to r	egistration.) enalty liability)			
5. c/o Taurus Southern Ir							
610 North Wymore Ro	oad, Suite 200, Maitland, Florida 32	2751					
	(Street Address of Pri	ncipa	l Office)				
6. c/o Taurus Southern In	vestments, LLC				<del></del>		
610 North Wymore Ro	oad, Suite 200, Maitland, Florida 32	2751			700	D.3	
	(Mailing Ad	dress	)				Big CO No.
7. Name and street address	ss of Florida registered agent: (P.O	. Box	NOT acceptat	ole)	養色		b ·
Name:	Linda Kassof						1. 1. 1. 1. 2. 1.
Office Address:	610 North Wymore Road, Suite 2	200			(1) c 		\$
	Maitland			Florida 32751 (Zip code)	9	ੜ	
Registered agent's accep	(City)		·	(Zip code)	-	CT	
Having been named as re lesignated in this applica to complywith the provisi	gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent	ent a	is registered age	nt and agree to act in i	this capacit	y. I fu	rther agree
	Indu & Registers	ed age	ent's signature)				
0.70	U						
	acity and address of the person(s) w her Reibling, Lorenz Reibling, Pete			_			
all of the above are Mana	* ' \	1 IVIC	irigan, Emua Ka	issor and Erik Kijnoout			
		D 1	C '- 200 M				
c/o Taurus Southern Inves	stments, LLC, 610 North Wymore l	Road	, Suite 200, Mai	tland, Florida 32/51			
Attached is a certificate urisdiction under the law of the translator must be st	of existence, no more than 90 days of which it is organized. (If the cert abmitted)	itīcat	te is in a foreign	language, a translation	of the certil	f recor licate u	ds in the inder oath
	Signature of				_		
his document is executed abmitted in a document to	l in accordance with section 605.020 the Department of State constitute:	03 (1) s a th	) (b), Florida Su ird degree felon	itutes. I am aware that a y as provided for in s.81	ny false info 7.155, F.S.	ormatic	on
	Linda Kassof						

Typed or printed name of signee

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAURUS CD 185 RESERVE AT MAITLAND GP,

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 SEVENTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 201630442

Date: 01-07-16

5910759 8300 SR# 20160087158

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