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Foreign Limited Liability Company Waypoint Residential LLC

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COVER LETTER

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	Rebecca Willis					,	
			٦	Name of Person			
	Waypoint Resid	dential					
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	Atlants, OA 30		City/S	State and Zip Cod	e		
	rwillis@wavnoi	ntresidential.com					
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Rebe	cca Willis			at (<u>770</u>		7-5950	
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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:

·			_
If name unavailable, enter alternate name adopted for the purpos lability Company," "L.I.C," or "LLC.")	of transacting business in Ploride	. The alternate name must include "Lir	mited
Delaware	3 30-0720790		
(Jurisdiction under the law of which foreign limited limbility company is organized)	(FEL)	umber, if applicable)	-
Oate first transacted busin	s in Florida, if prior to registratio		.,
(See sections 605,0904 & 605	905, F.S. to determine penalty lia	bility)	
2200 Atlantic Street, Suite 520			-
Stamford, CT 06902			-
•	ress of Principal Office)		
3475 Piedmont Road NE, Suite 1640			-
Atlanta .GA 30305			
Atlanta, OA 30305	elling Address)		•
		therity to manage is/ore.	•
		thority to manage is/are:	-
Atlanta, GA 30305 The name, title or capacity and address of the appoint Residential, LLC - Sole Member		thority to manage is/are:	•
. The name, title or capacity and address of the /aypoint Residential, LLC - Sole Member		thority to manage is/are:	•
. The name, title or capacity and address of the appoint Residential, LLC - Sole Member 200 Atlantic Street, Suite 520		thority to manage is/are:	•
. The name, title or capacity and address of the appoint Residential, LLC - Sole Member 200 Atlantic Street, Suite 520		SELTRES AHI	•
. The name, title or capacity and address of the appoint Residential, LLC - Sole Member 200 Atlantic Street, Suite 520 amford, CT 06902	erson(s) who hus/have au	SETREMAN	
The name, title or capacity and address of the appoint Residential, LLC - Sole Member 100 Atlantic Street, Suite 520 armford, CT 06902 Attached is an original certificate of existence,	erson(s) who has/have au	duly authenticated by the offi	icial
The name, title or capacity and address of the appoint Residential, LLC - Sole Member 200 Atlantic Street, Suite 520 armford, CT 06902 Attached is an original certificate of existence, ving custody of records in the jurisdiction under	erson(s) who has/have au o more than 90 days old, the law of which it is org	duly authenticated by the offi	
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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.

70 9.11	ential Services, LLC		
If unavailable,	, the alternate to be use	ed in the state of Florida is:	
N/A			
2. The name a	and the Florida street a	ddress of the registered agent and office are:	
		·	
	C T Corporation System	n	
		(Name)	2016, FEB SEGREN ALPEAHA
			Am Fi
	1200 South Pinc Island	Road	7 20
		Road treet Address (P.O. Box NOT ACCEPTABLE)	B I I
			— ω····

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.



\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAYPOINT RESIDENTIAL SERVICES, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2016.

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

SR# 20161173628

Authentication: 201890608

Date: 02-25-16

5192511 8300

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