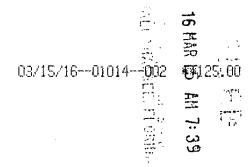
## M16000002152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100283094081



16 MAR | 5 AM IO: 33

MAR 1 6 2016 Y SULKER

· C	ORPORATE When you need ACCESS to the world
	ACCESS,
	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	WALK IN
	PICK UP: 3/15
	CERTIFIED COPY
X	РНОТОСОРУ
	cus
Ø	FILING Foreign
	FILING Foreign  Madison Place Clearwater LLC  (CORPORATE NAME AND DOCUMENT#)
	(CORPORATE NAME AND DOCUMENT #)
ECIA	L INSTRUCTIONS:

2.

4.

6.

## 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: Madison Place Clearwater, 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.") Delaware 81-0885934 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) March 28, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 400 Locust Street, Suite 790, Des Moines, IA 50309 (Street Address of Principal Office) 400 Locust Street, Suite 790, Des Moines, LA 50309 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee. (City) 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 complywith 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 agen Adam Saldana, Asst. Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BH Madison Place Manager, LLC, Manager, 400 Locust Street, Suite 790, Des Moines, IA 50309 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.

Harry Bookey

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MADISON PLACE CLEARWATER, 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 FOURTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MADISON PLACE CLEARWATER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2015.

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

Authentication: 201979373

Date: 03-14-16