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| (Do                     | cument Number)    |             |
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|   | <b>РНОТО</b> С       | СОРУ          |                |   |  |              | <u>.</u>     |             |
|   | cus                  |               |                |   | .,,,,,                                   |              |              |             |
| A | FILING               |               | LLC            | ه   |  |              |              |             |
| • | MADE<br>(CORPORATE N | AME AND DOC   | LLC<br>UMENT#) |   | , <del></del> .                          |              |              |             |
|   |                      |               |                |   |  |              |              |             |
|   | (CORPORATE N         | AME AND DOC   | UMENT #)       | , , <u>, , , , , , , , , , , , , , , , , </u> |  |              |              |             |
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|   | (CORPORATE N         | AME AND DOC   | UMENT #)       |   |  |              |              | _           |

### COVER LETTER

| TO:                   | Registration Section<br>Division of Corporat  |  |  |  |  |                                     |
|-----------------------|---|--|--|--|--|-------------------------------------|
| SUBJE                 | Maple View, LL  | C  |  |  | •  |                                     |
|                       |   | Name of  | Limited Liability                      | Company  |  | <b>-</b> ,                          |
| The encl<br>Existence | losed "Application by lee, and check are submi  | Foreign Limited Liability Com<br>itted to register the above refer | pany for Authoriz<br>enced foreign lim | ation to Tra<br>ited liabilit                  | ansact Business in Florida,<br>y company to transact busi                          | " Certificate of<br>ness in Florida |
| Please re             | eturn all correspondenc   | e concerning this matter to the                                    | following:                             |  |  |                                     |
|                       | Gerald Schil  | ian, Esq.  |  |  |  |                                     |
|                       |   | N  | lame of Person                         |  |  | -                                   |
|                       | Schilian & V  | Vatarz, PA   |  |  |  |                                     |
|                       | <del></del>   | F  | irm/Company                            |  |  | <b>-</b>                            |
|                       | 7301-A W. I   | Palmetto Pk. Rd., Suite 305C.                                      |  |  |  |                                     |
|                       |   |  | Address                                |  |  | -                                   |
|                       | Boca Raton,   | FL 33433   |  |  |  |                                     |
|                       |   | City/S   | State and Zip Code                     | <del>,</del>                                   | ,  | -                                   |
|                       | g <b>er</b> schil@att.r   | et   |  |  |  |                                     |
|                       |   | E-mail address: (to be use   | d for future annua                     | report no                                      | tification)  | -                                   |
| For furth             | ner information concer  | ning this matter, please call:                                     |  |  |  |                                     |
|                       | Gerald Schilian   |  | 561<br>at (                            | 994-88   | = =  |                                     |
|                       | Nam   | e of Contact Person  | Area Code                              | Day  | rtime Telephone Number   | -                                   |
|                       | MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ons  |  | Division<br>Registrat<br>Clifton B<br>2661 Exe | FADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301 |                                     |
| Enclosed              | i is a check for the foll<br>☐ \$125.00 Filing Fee  |  | \$155.00 Fili<br>Certified Copy        |  | ☐ \$160.00 Filing Fee, C<br>of Status & Certified Co                               |                                     |

# 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:

| , Maple View, LLC   | OUNIX IN THE SIMILOT PLONIDA.   | •                               |                                 |   |                             |  |                         |
|---|---|---------------------------------|---------------------------------|---|-----------------------------|--|-------------------------|
|   | eign Limited Liability Company; mus   | it include "L                   | imited Liabil                   | ty Company," "L.L.C.,"                              | or "LLC.")                  |  | _                       |
| ·   |   |                                 |                                 |   |                             |  | _                       |
| Liability Company," "L.L.C,   | Iternate name adopted for the purpose " or "LLC.")  |                                 | •                               |   |                             | clude "L   | imited                  |
| 2. Colorado   | •   | 3                               | 45-                             | - 5512799<br>(FEI number, if applicab               |                             |  |                         |
| (Jurisdiction under the law company is organized)                                   | of which foreign limited liability  | <u></u>                         | <u>1.***</u>                    | (FEI number, if applicab                            | lc)                         |  | <del></del>             |
| 4. N/A  | ,   |                                 |                                 |   |                             |  |                         |
|   | (Date first transacted busines<br>(See sections 605.0904 & 605.1  | ss in Florida,<br>0905, F.S. to | , if prior to re<br>determine p | gistration.)<br>enalty liability)                   | <del></del>                 |  |                         |
| 5. 10288 W. Chatfield A   | venue, Suite 300  |                                 |                                 |   |                             | 150<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |                         |
| Littleton, CO 80127   |   |                                 |                                 |   | 15 (25)<br>20 (27)          | 74.7   |                         |
|   | (Street Address of P  | rincipal Offi                   | ice)                            |   |                             | لنات<br>لدسا   | 7/1964 E1844<br>4       |
| 6. Same as above  |   |                                 |                                 |   | 쯢~<                         | õ  | (Carelline)             |
|   |   |                                 |                                 |   |                             | $\triangleright$   | ] [ [                   |
|   | (Mailing A  | (ddress)                        |                                 |   | STA<br>LOR                  | ڣ  | O                       |
| 7. Name and street addres   | ss of Florida registered agent: (P.   | O. Box NO                       | OT_acceptab                     | le)   | STATE<br>ORIDA              | 22   |                         |
| Name:   | Kevin M. Coffey   | ·                               |                                 |   | ,                           |  |                         |
| Office Address:   | 1215 SE 2nd Avenue, Suite 201   | <u> </u>                        |                                 |   |                             |  |                         |
|   | Fort Lauderdale   |                                 |                                 | Florida 33316 (Zip code)                            |                             |  |                         |
|   | (City)  |                                 | ,                               | (Zip code)  | _                           |  |                         |
| designated in this applica<br>to complywith the provisi                             | gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pmy position as registered agent. | ment as reg                     | gistered age                    | nt and agree to act in i                            | this capach                 | ty. I fut  | rther agree             |
|   | Registe   | ered agent's                    | signature)                      |   |                             |  |                         |
| 8. The name, title or capa  | acity and address of the person(s)  | who has/ha                      | ive authority                   | to manage is/are:                                   |                             |  |                         |
| William D. Evans, Jr., Ma   | anager, 10288 W. Chatfield Ave.,  | Suite 300,                      | Littleton, C                    | 0 80127   |                             | _  |                         |
| Kevin M. Coffey, Manag  | er, 1215 SE 2nd Ave., Fort Laude  | rdale, FL 3                     | 3316                            |   |                             | <u>.</u>   | ٠                       |
|   |   | ,                               | <b></b>                         |   | -                           |  |                         |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of existence, no more than 90 day<br>of which it is organized. (If the combinated)  | ys old, duly<br>ertificate is   | authenticat<br>in a foreign     | ed by the official havin<br>language, a translation | g custody o<br>of the certi | of record  | ds in the<br>.nder oath |
|   | Signature   | of an author                    | ized person                     |   | _                           |  |                         |
|   | d in accordance with section 605.0 the Department of State constitu   |                                 |                                 |   |                             |  | m                       |
|   | Kevin M. Coffey   |                                 |                                 | •   | ,                           |  |                         |

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Maple View, LLC

#### is a

#### Limited Liability Company

formed or registered on 06/13/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121323028.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/01/2016 that have been posted, and by documents delivered to this office electronically through 03/04/2016 @ 10:47:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/04/2016 @ 10:47:16 in accordance with applicable law. This certificate is assigned Confirmation Number 9534367



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us' click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."