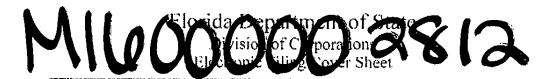
Division of Corporations



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(((H160000807513)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAL SERVICES, LLC

Account Number : 120080000104 Phono : (302) 674-4089

Pas Number : (302)674-5266

**Rater the small address for this business entity to be used for future annual report mailings. Enter only one email address please, **

Email Address: kevin.fitzpatrick@springbaype.com

Foreign Limited Liability Company RIDGELAKE RESIDENTIAL LLC

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April 5, 2016

FLORIDA DEPARTMENT OF STATE Division of Comorations

NRAI SERVICES, LLC

SUBJECT: RIDGELAKE RESIDENTIAL LLC

REF: W16000024261

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2 002/005

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

In #8, what is the officer/manager title of the company "SB RIDGELAKE 75 LLC"? Please insert in #8 field.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H16000080751 Letter Number: 016A00006880

H16000080751 3

APPLICATION BY FOREIGN LIMITED CIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE BITH SECTION 605.0902, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RIDGELAKE RESIDI	ENTIAL LLC			
(Name of Fore	ign Limited Liability Company; must include "Lin	nifed Lability Company," "L.L.C.,	" or "LLU.")	<u></u>
f name unavailable, enter al	ternate name adopted for the purpose of transacting	business in Florida. The alternate	name must include	"Limited
ability Company, "L.L.C.	"ormLLC")		THE PROPERTY OF THE PARTY OF TH	i,mited
DELAWARE	3.			
Jurisdiction under the law- company is organized)	of which foreign limited limitity	(FEI number, it applies	ible)	
Upon filing				
	(Date first transacted business in Florida, I (See sections 605,0904 & 605,0905, F.S. to a	f prior to registration.) letermine penalty liability)		
1343 Main Street, Suite	e 400, Sarasota, FL 34236			
71 7444 W. F. R. C. W. C		4 104 14 1985 May 1981 1981 1981 1981 1981 1981 1981 198		
	(Street Address of Principal Office	:)		
1343 Main Street, Suite	400 Suravata PI 34236			
\$1000 MANUAL MANUAL AND	and the second s	- 16A for during female at type 1 (1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	- Zg 5	
				Secretary Res
	(Mailing Address)		±	Anthron.
Name and street address	s of Florida registered agent: (P.O. Box <u>NO</u> T	_acceptable)	10 E	er desire.
Name:	NRAI Services, Inc.			in in
Curta Adda	1200 South Pine Island Road		## 9: OF ST	
	Pla-fori			
	Plantation	, Florida 33324 (Zip code)		
gistered agent's accept		(Zip code)	*	
signated in this applicate complywith the provision cept the obligations of n	istered agent and to accept service of procession, I hereby accept the appointment as registes of all statutes relative to the proper and coty position as registered agent. NRAI Services, Inc. (Registered agent's	tered agent and agree to act in implete performance of my du	this capacity. I j	further ag
The name, title or canno	city and address of the person(s) who has/have		•	
		,		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Plate.	ager		
<u> </u>	and the state of t	garrian mark () () () () () () () () () (and the state of t	
	·			
Attached is a certificate c isdiction under the law o the translator must be sul	of existence, no more than 90 days old, duly at f which it is organized. (If the certificate is in omitted)	nthenticated by the official havi a foreign language, a translation	ng custody of reconocities of the certificate	irds in the under out
	See Attached			
•	Signature of an authorize	ıl berzon	No. Medicard	
is document is executed	in accordance with section 605.0203 (1) (b), F the Department of State constitutes a third deg	lorida Statutes, I am aware that	any false informat	ion
	Kevin Fitzpatrick	ree telling as provided for in s.c	O 7 (1 J J) E (0)	
	TO THE STREET	.,	1.00.00,40	

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Ridgelake Residential LLC, a Delaware limited liability company

By: SB Ridgelake 75 LLC, a Delaware limited liability company, Manager

By: Cinnamon Bay MP, Inc., a Delaware corporation, its manager

Kevin P Fitzpatrick President

TO APR -5 AM 9: 08

H16000080751 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "RIDGELAKE RESIDENTIAL 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 THIRTY-FIRST DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIDGELAKE RESIDENTIAL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2016.

5997659 8300 SR# 20161987981

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

JOTTON W. BUNDER, SPEZENTY OF STATE

Authentication: 202071527

Date: 03-31-16