MILOOOUYLOS

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

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TUNO 9 2013). ERUCE June 8, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10042190 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

7108 Fairway Owner LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 2016 JUN -8 A 10: 3

COVER LETTER

TO:	Registration Section Division of Corporation	ons						
CIID IE	7108 Fairway Owi	ner LLC						
SODJE	CI;		of Limited Liability	Company				
The encl Existence	losed "Application by Fo	oreign Limited Liability Co	mpany for Authoriz erenced foreign lim	ration to Tr ited liabili	ransact Business in Flo ty company to transact	rida," Ce business	rtificate in Flori	of ida
Please re	eturn all correspondence	concerning this matter to t	he following:					
	Yvonne Ower	os .						
	 	• • • • • • • • • • • • • • • • • • • •	Name of Person					
	c/o Island Cap	ital Group LLC						
			Firm/Company					
	300 N Main S	treet, Suite 402				No.	26	
	Address						2016 J	7
	Greenville, SC	29601				BASE.		
		City	/State and Zip Code	3		in a	တ	į.
	yowens@isleca						Ö	C
		E-mail address: (to be us	sed for future annua	l report no	tification)	33.5 (3.1m)	w	
For furth	er information concernir	g this matter, please call:				17	σ-	
	Yvonne Owens		864 at (331-03	307			
•	Name (of Contact Person	Area Code	Day	time Telephone Numb	er		
i 1 1	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301			
	is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy		☐ \$160.00 Filing Fe		icate	

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:

, 7108 Fairway Owner L	ISINESS IN THE STATE OF PLONUM: LCC				
(Name of Fore	eign Limited Liability Company; must include "Limited I	Liability Company," "I	L.C.," or "LI	LC.")	_
Liability Company," "L.L.C,"	Iternate name adopted for the purpose of transacting busing or "LLC.")	ness in Florida. The alt	ternate name n	nust include "Li	mited
2. Delaware	3. applied for				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if	applicable)		
4. Upon qualification					
	(Date first transacted business in Florida, if prior (Sec. sections 605,0904 & 605,0905, F.S. to determ	r to registration.) nine penalty liability)	•		
5. 1601 Forum Place, Sui	ite 200			25.C	, ,
West Palm Beach, FL					
	(Street Address of Principal Office)				۱ آ
6. 1601 Forum Place, Suit	te 200			ET , S	<u>د</u> د
West Palm Beach, FL	33401				> [
	(Mailing Address)			- Si	<u>,</u>
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acce	eptable)		S M 5	بر بر
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida	}		
	(City)	(Zip	code)		
designated in this applica- to complywith the provision accept the obligations of t	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and compl my position as registered agent. C T Corporation System	d agent and agree to ete performance of an Giffin	act in this c my duties, au Nathan	apacity. I furt nd I am famili	ther agree ar with an
	(Registered agent's signatur	re) 0 00			•
8. The name, title or capa	acity and address of the person(s) who has/have auti	nority to manage is/a	re:		
Fairways Portfolio JV LL	C, sole member				
1601 Forum Place, Suite	200				
West Palm Beach, FL 334	101				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly auther of which it is organized. (If the certificate is in a for ubmitted) Signature of an authorized per	reign language, a tran	al having cus	stody of records e certificate un	s in the der oath
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree in the Department of State constitutes as the degree in the Department of State constitutes as the degree in the Department of State constitutes as	la Statutes. I am awa felony as provided fo	re that any fa or in s.817.15	lse information 5, F.S.	1
	Yvonne Owens, Authorized Person				
	Typed or printed name of signs	c			

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "7108 FAIRWAY OWNER 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 EIGHTH DAY OF JUNE, A.D. 2016.

AND I DO HEREE: YURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

Authentication: 202451399

Date: 06-08-16