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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



800290379938

K. SALY SEP 2 6 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 303640 4304557

AUTHORIZATION : Spelle Been a

COST LIMIT : 4 1-25.00

ORDER DATE: September 22, 2016

ORDER TIME : 9:23 AM

ORDER NO. : 303640-005

CUSTOMER NO: 4304557

FOREIGN FILINGS

NAME: MOUNT ELBERT 14,440, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Mount Elbert 14,440, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joseph M. Mannon
Name of Person
c/o Vedder Price P.C.
Firm:Company
222 North LaSalle Street
Address
Chicago, Illinois 60601
City/State and Zip Code
jmannon@vedderprice.com
b-mail address: (to be used for future annual report notification)

12 mail addition to the first infant timber

For further information concerning this matter, please call:

Joseph M. Mannon

.,312

609-7883

Name of Contact Person

Area Code

Jaytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

□ \$155,00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

(Name of Foreign Limited Liability Company; must include	: "Limited Liability Company," "L.L.C.," or "LI.C.")
(If name unavailable, enter alternate name adopted for the purpose of tran Liability Company," "L.L.C," or "LLC,")	sacting business in Florida. The alternate name must include "Limited
_{2.} Delaware	47-3162693
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in F (See sections 605,0904 & 605,0905, F	orida, if prior to registration.) S. to determine penalty liability)
5 9300 Conroy Windermere Road, S	and the second s
Windermere, FL 34786	
(Street Address o	(Principal Office)
6. 9300 Conroy Windermere Road, S	Suite 706
Windermere, FL 34786	
(Mailing	Address)
7. The name, title or capacity and address of the perso	n(s) who has/have authority to manage is/are:
Robert J. Parfet, Principal and Chief I	nvestment Officer of the Manager*
Meredith EW Parfet, Principal and Chief	Compliance Officer of the Manager*
Charles A. Lindberg, Principal of the	Manager -
* the address for each Principal is 9300 Conroy Win 8. Attached is an original certificate of existence, no me having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a temust be submitted)	ore than 90 days old, duly authenticated by the official aw of which it is organized. (A photocopy is not
	authorized person tues an affirmation under the penalties of perjury that the facts stated herein are true. If State constitutes a third degree felony as provided for in \$ 817,155, F.S.)

Meredith EW Parfet

Typed or printed name of signee

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.

	en 14,440, LLC		
ii unavaii	able, the alternate to be used in t	the state of Florida is:	
2. The na	ume and the Florida street addres	ss of the registered agent and of	fice are:
	Corporation Service Comp.	pany	
		(Name)	23
	1201 Hays Street		元 元 9
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	2
	Tallahassee	FL 32301	.
		City/State/Zip	
liability corregistered statutes re	en named as registered agent an ompany at the place designated is lagent and agree to act in this call atting to the proper and complete obligations of my position as reg	in this certificate, I hereby accept apacity. I further agree to compl te performance of my duties, and egistered agent as provided for in	t the appointment as ly with the provisions of all I Lam familiar with and

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

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "MOUNT ELBERT 14,440, 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-SECOND DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOUNT ELBERT 14,440, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

2016 SEP 23 AM 8: 54



6151813 8300

SR# 20165894556

Authentication: 203038046

Date: 09-22-16