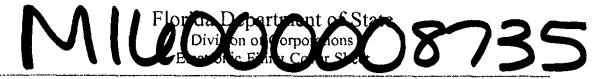
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		<u> </u>	
10;	Division of Corporations		
	Fax Number : (850) 617-6383		
From:	Account Name (C M CODDORAMION SYSTEM		
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338	Ģ	
	Fax Number : (954)208-0845	9	
	email address for this business entity to be used for freport mailings. Enter only one email address please.*		

Foreign Limited Liability Company CRP/CRESCENT LUCERNE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

1. HARRIS

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

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Name of Far	ign Limited Liability Com	pany; must include "Limit	ed Liability Company," "L.L.C.," or "L	[C.")
(If name unavailable, enter a Linbility Company, "L.L.C,		he purpose of transacting l	nusiness in Florida. The alternate name of	must include "Limited
2. Delaware		3		
(Jurisdiction under the law company is organized)	of which foreign limited lie	ability	(FEI number, if applicable)	
4				
	(Date first transact (See sections 605.090	ed business in Florida, if p 04 & 605.0905, F.S. to de	orior to registration.) termine penalty (inbility)	
5	·			
e'o Crescent Communi	ties, LLC 227	West Trade Street, Sui	te 1000, Charlotte NC 28202	
_ <u> </u>	(Street Ad	dress of Principal Office)		
6				<u>5</u>
				<u></u>
والمراج والمراجع	(Mailing Address)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Name and street addres	s of Florida registered as	gent: (P.O. Box NOT)	seceptable)	73, 199
· Name:	CT Corporation System		' '	200 C
· Name;	1200 South Pine Island	Road	and the second s	ઌ
Office Address:				16
	Plantation		, Florida 33324 (Zip code)	,
Registered agent's accep		(City)	(Zip code)	
designated in this applica-	tion, I hereby accept the ons of all statutes relativ	appointment as registe to the proper and con fagent. Michael Jone	for the above stated limited liability tred agent and agree to act in this c inplete performance of my duties, an s, Assistant Secretary	apacity. I further agree
		(Registered agent's sign	pture)	
•	city and address of the p	ger	authority to manage is are:	
227 West Trade Stree	et, Suite 1000, Charlotte		andre all distributed i tre distribute systems primited primited and distribute and a series of the second series as a series of the second series and distributed and distr	Scount of Marie 4
				P
	f which it is organized. (nenticated by the official having cust foreign language, a translation of the	
	S	ignature of an authorized	person	
This document is executed submitted in a document to	in accordance with section the Department of State	on 605.0203 (1) (b), Plo constitutes a third degre	rida Statutes. I am aware that any fal e felony as provided for in s.817.155	se information S, F.S.
		it lamber		

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRP/CRESCENT LUCERNE, 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 FIRST DAY OF NOVEMBER, A.D. 2016.

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

6198311 8300
SR# 20166449188
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203261397

Date: 11-01-16