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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

S Warren
DEC 1 5 2016

### \*COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CW St. Pete, 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:
Amanda Turley
Name of Person
Cottonwood Residential
Firm/Company
6340 South 3000 East Suite 500
Address
Salt Lake City, UT 84121
City/State and Zip Code
aturley@cottonwoodres.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Turley <sub>at (</sub> 801 <sub>)</sub> 278-0700
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsize \text{\$125.00 Filing Fee} \tag{130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certified Copy} \tag{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy} \tag{\$\$\$\$\$}\$

## 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:

1. CW St. Pete, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Delaware 3.
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
<sub>5.</sub> 6340 South 3000 East Suite 500
Salt Lake City, UT 84121
(Street Address of Principal Office)
6
(Mailing Address)
7. The name title or conscituted address of the name (a) who has/have sutherity to manage is/one.
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Gregg Christensen, Executive VP, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121
Chad Christensen, President, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121
Daniel Shaeffer, CEO, 6340 South 3000 East Suite 500, Salt Lake City, UT 84121
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.
am aware that any false information submitted in a document to the Department of State constitutes a third degree telony as provided for in s. 817.155. P.S.)
Gregg Christensen
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.

The name of the Limited Liability Company is:	
CW St. Pete, LLC	
If unavailable, the alternate to be used in the state of Florida is:	

2. The name and the Florida street address of the registered agent and office are:

#### **Corporation Service Company**

(Name)

#### 1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Carof VIlle Asst. Socretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Page 1

# <u>Delaware</u>

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CW ST. PETE, 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 DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CW ST. PETE,

LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2016.

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

Authentication: 203430447

Date: 12-01-16

6226011 8300 SR# 20166867418