M1700003669

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

Office Use Only



700298669397





MAY 0 2 2017 Y SULKE!? CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 622757 7894067

AUTHORIZATION :]

COST LIMIT : \$/125.00

ORDER DATE : May 1, 2017

ORDER TIME : 3:24 PM

ORDER NO. : 622757-005

CUSTOMER NO: 7894067

FOREIGN FILINGS

NAME: MATTAMY PALM BEACH 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

Registration Section

TO:

Division of Corpora	ations					
_{subject:} Mattan	ny Palm Beacl	n LLC				
	Name of	Limited Liability Company				
			ansact Business in Florida," Certificate of y company to transact business in Florida			
Please return all corresponder	nce concerning this matter to the	following:				
	Name of Person					
	Firm/Company					
		Address				
-	City/S	State and Zip Code				
	E-mail address: (to be use	d for future annual report no	tification)			
For further information conce	ming this matter, please call:					
		at ()	rtime Telephone Number			
Na	me of Contact Person	Area Code Day	time Telephone Number			
MAILING ADDRE			F ADDRESS: of Corporations			
Registration Section P.O. Box 6327	ration Section Registration Section					
Tallahassee, FL 323	14	2661 Exc	counting countive Center Circle see, FL 32301			
Enclosed is a check for the fo	•		-			
□ \$125.00 Filing Fo	ce \$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:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Delaware		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI)	number, if applicable)
-	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) etermine penalty tiability)	
4901 Vineland Road		6. 4901 Vineland Road	
(Street Address of I Suite 450	Principal Office)	Suite 450	Address)
Orlando, FL 32811	 	Orlando, FL 32811	
Onanco, i E ozoi i		Ondrido, i E ded i	
Name and street addres	ss of Florida registered agent: (P.O. 1	Box NOT accentable)	
	Corporation Service Company	<u></u> ,	
Name:			
Office Address:	1201 Hayes Street		
	Tallahassee	, Florida 32301	77
legistered agent's accep	(City)		code)
	ions of all statutes relative to the pro s of my position as registered agent.	oper and complete performance of n	ny duties, and I am familiar wi
nd accept the obligation.	s of my position as registered agent. (Registered ag	oper and complete performance of n () (!/ cm's signature)	Melissa Zender Asst. Vice President
nd accept the obligation.	s of my position as registered agent.	oper and complete performance of n () (!/ cm's signature)	Melissa Zender Asst. Vice President
and accept the obligation. 3. The name, title or capa	s of my position as registered agent. (Registered agent) (Registered agent)	oper and complete performance of notice of not	my duties, and I am familiar with Melissa Zender Asst. Vice President
Title or Capacity:	s of my position as registered agent. (Registered agent) (Registered agent)	oper and complete performance of notice of not	my duties, and I am familiar with Melissa Zender Asst. Vice President
Title or Capacity:	s of my position as registered agent. (Registered agent) (Registered agent)	oper and complete performance of notice of not	my duties, and I am familiar with Melissa Zender Asst. Vice President
Title or Capacity:	s of my position as registered agent. (Registered agent) (Registered agent)	oper and complete performance of notice of not	Melissa Zender Melissa Zender Asst. Vice President
B. The name, title or capa Title or Capacity:	s of my position as registered agent. (Registered agent) (Registered agent)	oper and complete performance of notice of not	my duties, and I am familiar with Melissa Zender Asst. Vice President
B. The name, title or capa Title or Capacity: See attached	(Registered agent)	oper and complete performance of notice of not	my duties, and I am familiar with Melissa Zender Asst. Vice President
3. The name, title or capa Title or Capacity: See attached	acity and address of the person(s) when Name and Address:	oper and complete performance of notice of not	Melissa Zender Melissa Zender Asst. Vice President But the series of
8. The name, title or capa Title or Capacity: See attached (Use attachments if neces)	s of my position as registered agent. (Registered agent.)	oper and complete performance of notice of the control of the cont	Melissa Zender Asst. Vice President e: Name and Address:
B. The name, title or capa Title or Capacity: See attached Use attachments if neces Attached is a certificate prisdiction under the law	s of my position as registered agent. (Registered agent.) (Registered	oper and complete performance of notice of the control of the cont	Melissa Zender Asst. Vice President Barre and Address: I having custody of records in the
B. The name, title or capa Title or Capacity: See attached Use attachments if neces Attached is a certificate prisdiction under the law	s of my position as registered agent. (Registered agent.) (Registered	oper and complete performance of notice of the control of the cont	Melissa Zender Asst. Vice President Barre and Address: I having custody of records in the
8. The name, title or capa Title or Capacity: See attached (Use attachments if neces or capacity attached is a certificate urisdiction under the law of the translator must be successed.)	s of my position as registered agent. (Registered agent.) (Registered	o has/have authority to manage is/an Title or Capacity: Old, duly authenticated by the official ficate is in a foreign language, a trans uture of an authorized person O203 (1) (b), Florida Statutes. I am a	Melissa Zender Asst. Vice Prestdent Research Asst. Vice Prestdent Research Asst. Vice Prestdent Mame and Address: I having custody of records in the slation of the certificate under on the slation of th
8. The name, title or capa Title or Capacity: See attached (Use attachments if neces or Attached is a certificate surisdiction under the law of the translator must be surisdiction to the translator must be surisdiction.)	s of my position as registered agent. (Registered agent.) (Suppose of the person(s) who have and Address: of existence, no more than 90 days of of which it is organized. (If the certifubmitted) Signatured in accordance with section 605.0	o has/have authority to manage is/an Title or Capacity: Old, duly authenticated by the official ficate is in a foreign language, a trans uture of an authorized person O203 (1) (b), Florida Statutes. I am a	Melissa Zender Asst. Vice Prestdent Research Asst. Vice Prestdent Research Asst. Vice Prestdent Mame and Address: I having custody of records in the slation of the certificate under on the slation of th

Attachment to Application by Mattamy Palm Beach LLC, a Delaware limited liability company, for Authorization to Transact Business in Florida

Question No. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name	<u>Title</u>	Address
James Leiferman	Director and President	4901 Vineland Road Suite 450 Orlando, FL 32811
David Koon	Vice President	4901 Vineland Road Suite 450 Orlando, FL 32811
Lara Swanson	Vice President	4901 Vineland Road Suite 450 Orlando, FL 32811
Leslie Candes	Director and Vice President	4901 Vineland Road Suite 450 Orlando, FL 32811
Robert A. Harris IV	Director and Secretary	5335 Wisconsin Avenue, NW Suite 440 Washington, DC 20015

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MATTAMY PALM BEACH 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 MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATTAMY PALM BEACH LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

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

Authentication: 202463572

Date: 05-01-17

6391729 8300 SR# 20172945754