

M17000009402

To: Page 2 of 10

2017-11-03 09:10:29 CST

12122023573 From: Kimberly Laughrey

11/3/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

File 1st, Please complete BEFORE
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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (512)418-6949

Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
LANTOWER GRANDE PINES ORLANDO GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

J. LEGGETT
NOV -3 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANTOWERGRANDEPINESORLANDOGPLLC
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:

Philippelapointe

Name of Person

LantowerResidential

Firm/Company

1409 SLamar Street, Suite 1005

Address

Dallas, Texas 75215

City/State and Zip Code

plapointe@lantowerresidential.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philippe Lapointe

214

421-4400

Name of Contact Person

at ()

Area Code

Daytime 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:

☐ \$125.00 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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LANTOWERGRANDEPINESORLANDOGPLLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DE

(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 605.0964 & 605.0905, F.S. to determine penalty liability))

5. 1409 S Lamar Street, Suite 1005

(Street Address of Principal Office)

Dallas, Texas 75215

6. 1409 S Lamar Street, Suite 1005

(Mailing Address)

Dallas, Texas 75215

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CTCorporationSystem

Office Address: 1200 SouthPineIslandRoad

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: CTCorporationSystem

Olga Hinkel - VP

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Authorized Person

Philippe Lapointe

1409 S Lamar Street, Suite 100

Dallas, Texas 75215

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Philippe Lapointe

(Signature of an authorized person)

Philippe Lapointe

(Typed or printed name of signer)

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STATE OF FLORIDA
TALLAHASSEE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LANTOWER GRANDE PINES ORLANDO GP 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 THIRD DAY OF NOVEMBER, A.D. 2017.

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



6601493 8300

SR# 20176921601

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203511249

Date: 11-03-17