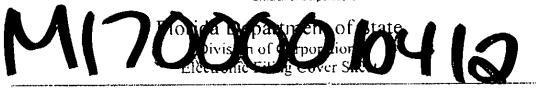
Division of Corporations



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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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:			<b>&gt;</b>
	Division of Corporations		
	Fax Number	: (850)617-6383	==
From:			.2
i i Oiii.	Saanus Silana	: 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 DOGWOOD PLACE APARTMENTS LLC

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

Requesting Original filing date of 12-7-17, thank you!

Electronic Filing Menu

Corporate Filing Menu

Helps NEELS

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Registration Section Division of Corporations

### DOGWOOD PLACE APARTMENTS 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.

ALEX D. SIRULNIK

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 PONCE DE LEON BLVD., SUITE 301

CORAL GABLES, FL 33134

City/State and Zip Code

ADS@SIRULNIKLAW.COM

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

For further information concerning this matter, please call:

Name of Contact Person

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 Pcc

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

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

To:	Page 4 of

COMPANYTO TRANSACTITU	TION 605 0902, FLORIDA STATUTES. THE FO SINESS INTHE STATE OF FLORIDA:	DLLOWING IS SUBMITTED TO REGISTER A FOREX	GN LIMITED LIABILITY		
1. DOGWOOD PLACE (Name of Foreign I	APARTMENTS LLC Justed Liability Company, must aiclude "Lamileo	I Liability Company," "L L.C." or "LLC.")			
(If name unavailable, enter abornate na	me adopted for the purpose of transacting Lusivess in Flor	ide. The allumate matter mus include "turnited Liability Company,"	"LLUC," or "LLC.";		
2 GEORGIA		3.			
Quandiction water the law of what	ich foreign limited liability company is repaired)	(FEI number, if applicable)			
	11/8/2017				
4.	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration ) net penalty habitary)	•		
- 2199 PONCE DE LE	EON BLVD., SUITE 301	6 2199 PONCE DE LEON BLVD., S	SUITE 301		
(Street Address of Pr	nncyal Office)	(Mailing Addition)			
CORAL GABLES, FL 33134.		CORAL GABLES, FL 33134			
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)			
	ALEX D. SIRULNIK, P.A.		7		
Name:			 Ez:		
	2199 PONCE DE LEON BLVO., SUITE 301				
Office Address:					
Office Address:	CORAL GABLES	Florida 33134	Ö		
	(Cxy)	, Florida 33134 (Ziy code)	0:52		
Registered agent's accept Having been named as rej designated in this applica- to comply with the provision	(Cx)  (Sance:  gistered agent and to accept service of partice of the composition of the	Florida 33134  (Ziyesde)  process for the above stated limited limbility costs registered agent and agree to act in this capt and complete performance of my duties, and	mpany at the place acity. I further agree		
Registered agent's accept Having been named as rej designated in this applica- to comply with the provisi	(Cvs)  Isnce: gistered agent and to accept service of p  tion, I hereby accept the appointment a  ons of all statutes relative to the proper  to fmy position as registered agent.	(Zipesde) process for the above stated limited liability co s registered agent and agree to act in this cape and complete performance of my duties, and	mpany at the place acity. I further agree		
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Registered agent's accept flaving been named as red designated in this applicate to comply with the provisional accept the obligations.  8. The name, title or capa	(Cxy)  tance: glstered agent and to accept service of p  tion, I hereby accept the appointment accept so the proper of all statutes relative to the proper of my position as registered agent.  (Registered agent statutes and address of the person(s) who ha	(Zipesde) process for the above stated limited liability costs registered agent and agree to act in this cape and complete performance of my duties, and signature;  Institute:  Title or Capacity:  Name as	mpany at the place ncity. I further agree I am famillar with		

(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)

Signature of an majorized person

. 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 follows as provided for in s.817.155, F.S.

ALEX D. SIRULNIK

Control Number: 17118840

### STATE OF GEORGIA

## Sccretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Dogwood Place Apartments LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14980046 Date Inc/Auth/Filed: 11/08/2017 Jurisdiction : Georgia Print Date : 12/08/2017

Form Number : 211



Brian P. Kemp Secretary of State