1/5/2018

Division of Corporations



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## Foreign Limited Liabilit Company LWP Cypress MFanil LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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D. SCOTT JAN 8 7018

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

	SINESS INTHE STATE OF FLORIDA:	POLLONING B SURVITED TO REJUSTER A POREJON	ן נאטוים עם ווואם
LWP Cypress MFam1 (Name of Foreign	LLC Limited Liability Company; must include "Limit	ited Liability Company," 'L. L.C.," or "LLC.")	<del></del>
Harre unavailable, enter alternate n	name adopted for the purpose of trunsacting haziness in F	lorida. The alternate fiame must metalla "Limited Lisbility Concess," "L.	C, " or "[1, C."]
a DE		_	·
(Jurisdiction under the law of w	hich foreign limited (tability company is organized)	3. (FEI number, if applicable)	
4	(Dare first transacted business of Norths, (Fprior) (Sen sections 605,0001 & 605,0001, F.S. to deter	in registration.)	
5. 3811 Turtle Creek Box	stevard,	6. 3811 Turtle Creek Boulevard, (Mating Address)	<del></del>
Suite 975,	vincipal Office)	Suite 975,	
Dallas, TX 75219		Dallas, TX 75219	
Dallas, 17, 73217		1301103, 174 72217	<del></del>
7. Name and street address	s of Floridu registered agent: (P.O. Bo	x NOT acceptable)	
Name:	C T Corporation System	5	
Office Address:	1200 South Pine Island Road		
	Plantation .	jt/ Florida 33324	工作。
Registered agent's accep	(C#y) tance:	(Zip code)	SS J
Having been named as re-	gistered agent and to accept service of	process for the above stated limited liability comp	im at the place
designated in this application could be a completed in this provision.	tion, I hereby accept the appointment to one of all statutes relative to the prope	as registered agent and agree to act in this capacity or and complete performance of my duties, and I at	r. Ljurmer ag ree n <del>fam</del> illar w <del>ith</del>
	s of my position as registered agent.	Thomas R. Anderson	
	By: C T Corporation System	Assistant Secretary	50 72
	(Registered agent's		:40
8. The name, title or capa Title or Canacity:	city and address of the person(s) who h Name and Address;	ns/have authority to manage is/are: <u>Title or Cupneity:</u> Name and A	ddress:
Manager	LWP Florida LLC;		
	3811 Turtle Creek Blvd. Suite 975 Dallas, TX 75219		
(Use attachments if necess	ary)		
	of which it is organized. (If the certifica	duly authenticated by the official having custody of te is in a foreign language, a translation of the certif	
	•		
		3 (1) (b), Floric's Statutes, I am aware that any false sird degree felony as provided for in s.817.155, F.S.	intermittion
	Tells It		
	Signatur	s of em makenized person	
	Timothy Sullivan, Authorized Person		
	Typed o	r printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LWP CYPRESS MFAM1 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 FOURTH DAY OF JANUARY, A.D. 2018.

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

TILED
2010 JAN -5 A II: 12
2010 JAN -5 A II: 12

4 L

oy/authycr

6669616 8300

SR# 20180068182

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Authentication: 201919763

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