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CAPITAL CONNECTION, INC.

*417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
FL ARROW RIDGE,	LLC			
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				Art of Inc. File
		ł		LTD Partnership File
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Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

ro:	Registration Section Division of Corporations
SUBJE	FL ARROW RIDGE, LLC
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate c, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor
Please r	turn all correspondence concerning this matter to the following:
	KIMBERLY M HENDERSON, ESQ.
	Name of Person
	INSULA COMPANIES
	Firm/Company
	240 S PINEAPPLE AVE SUITE 400
	Address
	SARASOTA, FL 34236
	City/State and Zip Code
	KHENDERSON@INSCAP.COM
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	KIMBERLY M HENDERSON 941 960-7000 at ()
	Name of Contact Person 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
Enclose	is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TEMITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE (Date flow transacted beauses in Plends, if prior to regardence) (Date flow transacted beauses in Plends, if prior to regardence) (Date flow transacted beauses in Plends, if prior to regardence) (See visions 605 900 x 601 900 x 501 9	If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	erida. The alternate n	aine must include "Limited Liabili	ty Company," "L. L. C," or	-1.I.C "1
(Dute first unstanced because in Flends, if proce is regulations) (Dute first unstanced because in Flends, if proce is regulations) (See section 600 900 & 601 6005, if 3 to determine pertails) labelity) (See section 600 900 & 601 6005, if 3 to determine pertails) labelity) (See section 600 900 & 601 6005, if 3 to determine pertails) labelity) (SARASOTA, FL 34236 (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: INSULA APARTMENT MANAGEMENT, LLC Office Address: 240 S PINEAPPLE AVE SUITE 400 SARASOTA (Cits) SARASOTA (Florida 34236 (Cits) SARASOTA (Florida 34236 (Cits) SARASOTA (Florida 34236 (Registered agent 3 acceptance: lawing been named as registered agent and to accept service of process for the above stated limited lability companying the personance of my duties, and I am familiar and accept the obligations of my position of registered agent and agree to act in this capacity. I further to comply with the provisions of all stantages relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position of registered agent. LC 11the or Capacity: Managing Member FL Arrow Ridge Equity Owner, LLC 240 S PINEAPPLE AVE SUITE 400 Sarasota, FL 34236 (Registered agent and address): Title or Capacity: Name and Address: FL Arrow Ridge Equity Owner, LLC 240 S PINEAPPLE AVE SUITE 400 Sarasota, FL 34236 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under if the translator must be submitted) O This document is executed in recentage with section 605 2020 (1) (b). Florida Statutes, it am aware that any false information ubmitted in a document to the Departm	DELAWARE	•	2			
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Company Comp						
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Office Address: 240 S PINEAPPLE AVE SUITE 400 SARASOTA (City) (Cit		· ·		ioic		¥.
SARASOTA (Cns)	Name:	INSUCA APARTMENT MANAGEN	IENT, LLC	-		< -
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Frederick D. Cochran, Authorized Agent	Title or Capacity: Managing Member Use attachments if necess Attached is a certificate arisdiction under the law of the translator must be su This document is executed.	Sarry) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0201 of the Department of State constitutes with	duly authentice is in a foreig	Capacity: ated by the official havi in language, a translation da Statutes. I am aware ony as provided for in s.8	ng custody of reco	ords in under

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FL ARROW RIDGE, 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 SECOND DAY OF MAY, A.D. 2018.

6868151 8300

Authentication: 202618079

Date: 05-02-18

SR# 20183254052
You may verify this certificate online at corp.delaware.gov/authver.shtml