

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6582

From: L. S.
Account Name : FCBAL SERVICES, LLC
Account Number : 120080060104
Phone : (302) 674-4086
Fax Number : (302) 674-5266

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

Email Address: e.mann@naglaw.com

**Foreign Limited Liability Company
GRAND CYPRESS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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2018 MAY -4 PM 3:47
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DIVISION OF CORPORATIONS
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2018 MAY -4 PM 12:09
TALLAHASSEE, FL

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

1. Grand Cypress LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
Grand Cypress Ridge LLC
(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-6424872
(FID number, if applicable)
4. N/A
(Date first transacted business in Florida. If open to registration, see sections 605.0704 & 605.0703, F.S. to determine penalty liability.)
5. 142 Eagle Ridge Road
(Street Address of Principal Office)
Batesville, AR 72501
6. 142 Eagle Ridge Road
(Mailing Address)
Batesville, AR 72501

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

Name: NRAI Services, Inc.

(Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

[Signature]
(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:
Manager	William J. Evans 142 Eagle Ridge Road Batesville, AR 72501		

(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.

[Signature]
William J. Evans

(Typed or printed name of signer)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAND CYPRESS 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 MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAND CYPRESS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2009.

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

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SR# 20183367162

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

Authentication: 202638546

Date: 05-04-18

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