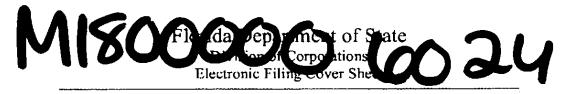
Division of Corporations

Page 1 of 2



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(((H180001904353)))



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From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888) 491-1120 Fax Number : (954) 343-6962

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

Email Address: jmiller@alapts.com

Foreign Limited Liability Company Enclave at Lake Ellenor II LLC

| Certificate of Status | 1 |
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| APPLICATION BY FO | DREIGN LIMITED LIABILITY COM IN FLC | PANY FOR AUTHORIZATION TO TR PRIDA | ANNAUT BU | lotn1/05 | |
|--|--|--|---------------------------------------|-----------|----------|
| : IN COMPLIANCE WITH SEL CONDIANTO PRANCE THE | TION 60S.BRO, FLANIDA STATUTES, THE FO SINESS WITHE STATE OF FLORIDA | LLOWING ESUBMITHED TO REGISTER A FOR | ወ ጀላ በነብጠ | D MARICII | 12 |
| | | | | | |
| 1. Enolave at Lake Elleno (Name of Fore | | "Limited Liability Company," "L.L.C.," or "LL | .C.?) | udu. * | |
| (If nanse unavailable, enter al Liability Company," "L.L.C. | | octing histories in Florida. The alternate name m | nust include "Lh | batine | |
| 2 Delawate | 3. 8 | J-1029253 | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (F51 number, if applicable) | | → | |
| 4 | (Fixed first transmetted Sustainers in Plea (See sections 605,0904 & 605,0905, F.S. | Da, if prior to registration.) | | | |
| 5, 4390 W. Kennedy Blv | | i, to determine penalty hability) | | | |
| Tamps, FL 33609 | | | 9- cc | 200 | |
| 1411/pd, 1 E 33363 | (Street Address of Principal | onice) | •••• | <u> </u> | به |
| 6 4890 W. Kennody Blvd | J., Suite 240 | | | Č.; | _ |
| T-1- El 236(8) | | | , , , , , , , , , , , , , , , , , , , | ~ | ř |
| Типрд FL 33609 | (Mailing Address) | | ٠.٠٠ | -1 | \$ |
| 2. No | and fill could be an interested assents. (B.A. Park | NOT anametable | | <u> </u> | Ī |
| 7. Name and strict addres | is of Florida registered agent: (P.O. Box James G. Miller | Ide(Tarcapatore) | , et | င္ဟာ | |
| Name: | | | .C & | : 0 | |
| Office Address: | 4890 W. Kennedy Blvd., Suite 240 | | .∄ ⊶ | | |
| | Tampa | Florida 33609 | | , | |
| | (City) | (Zip code) | | | |
| designated in this applica- to complywith the provision | gistered agent and to accept service of pr tion, I hereby accept the appointment as | rocess for the above stated limited liability registered agent and ugree to act in this cand complete performance of my duties, and complete performance of my duties, and complete performance of my duties, and complete performance of my duties. | apacity. I furt | ther agre | e ind |
| S. The purposition or come | acity and address of the person(s) who has | drawn nuthorize to manage inform | | • | |
| | the manager of American Landmark Lai | | | | |
| | Lake Ellenor IV LLC, the sole member | | | • | |
| | Snite A, Lake Park, FL 33403 | | | | |
| | | | | | |
| | of which it is organized. (If the certificate | uly authenticated by the official having one is in a foreign language, a translation of the | | | |
| | والمتعارض والمتعارض والمتعارض | | | | |
| | Signature of an incl | lorized person | | : | |
| | | (b), Florida Statutes, I am aware that any fa d degree tolony as provided for in s.817.15 | | n | |
| | Joseph G. Lubeck, Manager | | | | |
| | Typed or printed nar | ne of signec | | | |



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCLAVE AT LAKE ELLENOR II 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2018.

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

6947556 8300 SR# 20185345848 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 202951995

Date: 06-25-18

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