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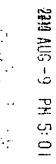
(Requestor's Name)
(A. U)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Angela Tharpe who gave permission to add the address to Nathan S. Collier. 8/15/18 02:54pm.

Office Use Only



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March 16, 2018

ANGELA N THARPE 220 N MAIN STREET GAINESVILLE, FL 32601 US

SUBJECT: COLLIER-LAKE BETTY APARTMENTS OWNER LLC

Ref. Number: W18000025807

We have received your document for COLLIER-LAKE BETTY APARTMENTS OWNER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00005371



COVER LETTER

grade of **F**

Registration Section Division of Corporations

TO:

Coll SUBJECT:	lier-Lake Betty A	partments Owner LLC				
		Name of	Limited Liability	Company		
The enclosed "Ap Existence, and ch	oplication by Fore	eign Limited Liability Complete to register the above reference.	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida," cy company to transact busin	Certificate of tess in Florida.
Please return all c	orrespondence co	oncerning this matter to the	following:			
	Angela N Tharp	е				
		N	ame of Person			
	The Collier Con	npanies				
		Fi	rm/Company	_		
	220 N Main Stre	ect				
			Address			
	Gainesville FL 3	2601				
		City/S	ate and Zip Code	:		
A	ingela.tharpe@cc	olliercompanies.com				
		E-mail address: (to be used	for future annua	l report not	lification)	
For further inform	ation concerning	this matter, please call:				
Angela N	Tharpe		352 at (416-142	23	
	Name of	Contact Person	Area Code	Day	rtime Telephone Number	
Division Registrati P.O. Box	G ADDRESS: of Corporations ion Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ec, FL 32301	
Enclosed is a chec ☐ \$125.0		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A PORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATEOF FLORIDA:

Collier-Lake Betty Apa	artments Owner LLC					
(Name of Fore	eign Limited Liability Company; mu	ist include "Limited Liabi	lity Company," "L.L.C.,"	or "LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,	hernate name adopted for the purpos	se of transacting business	in Florida. The alternate n	ame must in	clude "Li	— mited
2. Delaware		3. 82-4759454				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	le)		_
4. March 5, 2018						
	(Date first transacted busing (See sections 605.0904 & 605	ess in Florida, if prior to r	registration.)	_		
5. 220 N Main St			, , , , , , , , , , , , , , , , , , , ,			
Gainesville, FL 32601						
6. 220 N Main St	(Street Address of	Principal Office)		_		
Gainesville, FL 32601						
		Address)	 -			
7 Names and atmost address	ss of Florida registered agent: (P		EL.A			
7. Name and street addres	ss of Florida registered agent. (F Nathan S. Collier	.O. Box NOT accepta	oic)			
Name:	Nathan 5, Confer					
Office Address:	220 N Main St					
	Gainesville,		, Florida 32601 (Zip code)			
	(City)		(Zip code)	_		
designated in this applicate to complywith the provision	egistered agent and to accept servition. I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as registered ag	ent and agree to act in i	this capaci ies, and I a	ty. I furi	ther agree
	. •			` 	ÜG	
•	acity and address of the person(s		•	4	-9	;
Nathan S. Collier, Manage	er of Collier-Lake Betty Membe	r, LLC, Manager of Co	Hier-Lake Betty Apartn	ents		i^{-1}
LLC, Manager of Collier-	-Lake Betty Apartments Owner,	I.I.C		•.	-ù ≆	<u></u>
220 N Mai	in St Gainesui	lle, FL 326	01		0.1	
	of existence, no more than 90 day of which it is organized. (If the cubmitted)					

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.



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

DELAWARE, DO HEREBY CERTIFY "COLLIER-LAKE BETTY APARTMENTS OWNER,

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 FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLIER-LAKE"

BETTY APARTMENTS OWNER, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH,

A.D. 2018.



Authentication: 203172708

Date: 08-01-18