## Florida Department of State

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### Foreign Limited Liability Company 3230 South Ridgewood, LLC

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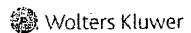
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RE	3230 South Ridgewood, LLC	

#### **COVER MESSAGE**

Patrick Duffy Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338 GlobalFulfillmentTeam@wolterskluwer.com



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

IN COMPLIANCE WITH SECTION 805.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT IN INNESS. IN THE STATE OF FLORIDA:

1. 3230 South Ridgewood (Name of Foreign	, LLC Elimited Liability Company; must include	"Limited Lightby Co	inpany," "L.H.,C.," or "L.LC.")			_	
(H'name unavailable onter abecuate n	nine adopted for the purpose of transacting busin	ess in Flerida. The altern	ne name must include "Limited Lial	alny Company,	"",1.C," or	-1.1 C -)	
2 Delaware		3.					
(furnidation under the law of wh	uch foreign limited leibility company is organize	<u>d)</u>	(FEI animb	(FEI number, if applicable)			
4 upon filing					. 2	;	
	(Date first transacted business in Florida, (See sections 605 0904 & 905,0901, F.S.	if prior to registration.)	ats)		SECRE!	;	
618 US Hiohway One.				e 104		<u>:</u> 기	
5. 618 US Highway One, (Street Address of I	rincipal ((ffice)		R US Highway One, Suit	(m)	RE AR	<u>,                                    </u>	
North Palm Beach, Flo	rida 33408	<u>Ne</u>	orth Palm Beach, Florida	33408			
			<u> </u>	<u> </u>	۳ <u>ر ۽</u>	字 []]	
7. Name and street address	s of Florida registered agent: (P.	O. Box <u>NOT</u> acce	eptable)		2180715 21715	- B - I	
Name:	C T Corporation System		<del>_</del>		•		
Office Address:	1200 South Pine Island Road						
	Plantation		отган. 33324				
	(Cig)		, Florida 33324 (Zaprod	<u></u>			
to comply with the provisi and accept the obligation	tion, I hereby accept the appoint ions of all statutes relative to the s of my position as registered ago By: CT Corporation Sy	proper and comp ent.	lete performance of my	duties, and	Tum fan el E. Jone	niliar with	
	(Hepaen	ed agent s signature)		Asst. S	Secretary		
8. The name, title or capa Title or Capacity:	acity and address of the person(s)  Name and Address:		hority to manage is/are: or Capacity:	Name a	nd Addr	ess:	
Manager	Capital Apartment Group Day						
	618 US Highway One, Suite North Palin Beach, Florida				-		
			<del> </del>	<del></del>	<u></u>		
(Use attachments if neces	isary)						
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 da of which it is organized. (If the ou ubmitted)	iys old, duly authe ertificate is in a fo	nticated by the official ha reign language, a transla	aving custo ion of the c	dy of reco ertificate	ords in the under oath	
10. This document is executed in a document to	o the Department of State constitu	05.0203 (1) (b), F ites a third degree	lorida Statutes. I am awa felony as provided for in	re that any s.817.155.	false infor F.S.	rmation	
		Signature of an authorize	of nertical				
	E565071ED34342	CCommerce of mi simultante	A 644 M21				
	Shannon McNulty						
		Typed or printed name	of signee				



Page 1

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

DELAWARE, DO HEREBY CERTIFY "3230 SOUTH RIDGEWOOD, 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-FOURTH DAY OF AUGUST, A.D. 2018.

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

and core delaware sov/auth

Authentication: 203309254

Date: 08-24-18

7027737 8300

SR# 20186348106

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