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(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

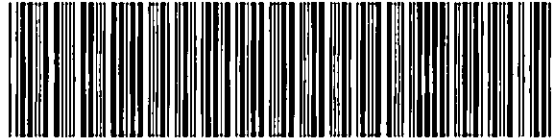
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200 SEP - 6 AM 11:06

T. CLINE

SEP - 7 2018

EXAMINER

RECEIVED
SEP 11 2018
STATE OF FLORIDA
DEPARTMENT OF REVENUE

18 SEP - 6 PM 4:16

RECEIVED

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 372918 4304417

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 4, 2018

ORDER TIME : 2:31 PM

ORDER NO. : 372918-015

CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: ROCK ROSE FAIRFIELD LAKES
MANAGER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

23 SEP - 2 40:11:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCK ROSE PARTNER FAIRFIELD LAKES MANAGER, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lakecia Stanford

Name of Person

Much Shelist, P.C.

Firm/Company

191 N. Wacker Drive, Suite 1800

Address

Chicago, Illinois 60606

City/State and Zip Code

lstanford@muchlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lakecia Stanford

at (312)

521-2443

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN 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. Rock Rose Fairfield Lakes Manager, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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 "LLC.")
2. Delaware 3. 83-1759310
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5650 Breckenridge Park Drive, Suite 302 6. 5650 Breckenridge Park Drive, Suite 302
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33610 Tampa, FL 33610
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

By: Corporation Service Company
Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Michael P. Rose</u> <u>500 SE Mizner Blvd. #A205</u> <u>Boca Raton, FL 33432</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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) (h), 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.

Lakecia Stanford
Signature of an authorized person

Lakecia Stanford, Authorized person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROCK ROSE FAIRFIELD LAKES MANAGER, 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 SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCK ROSE FAIRFIELD LAKES MANAGER, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.

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



7034214 8300

SR# 20186529084

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203373116

Date: 09-06-18