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F: 866.625.0839

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Account#: 120000000088

Date:	10/12/2018	
Name:_	Merritt Walker	
Referen	ce #: 1002752	-
	ame: RESERVE AT BAI	RTRAM SPRINGS, LLC
√ A	Articles of Incorporation/Authorization	o Transact Business
A	mendment	
	Change of Agent	
□R	Reinstatement	
	Conversion	
□ N	Merger	
	Dissolution/Withdrawal	
☐ F	ictitious Name	
	Other	
Authoriz	zed Amount:\$125	
Signatui	re: WANY	

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: Reserve at Bartram Springs, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware 83-1816527 (Jurisdiction under the law of which foreign limited liability company is organized) (FBI tumber, if applicable) (Date that transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6060 Poplar Avenue, Suite 200 6060 Poplar Avenue, Suite 200 (Street Address of Poncopal Office) (Maling Address) Memphis, TN 38119 Memphis, TN 38119 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee 32301 Florida Registered agent's acceptance: Having been named as registered agent and to accept tervice 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 dutles, and I am familiar with and accept the obligations of my position as registered agent. 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: Sr. Vice President Kevin Q. Jackson 5030 Popter Avenue, Subs 200 Memphb, TN 38119 (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 of an authorized person

Kevin Q. Jackson

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RESERVE AT BARTRAM SPRINGS, 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 TENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESERVE AT BARTRAM SPRINGS, LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203585549

Date: 10-10-18

7037202 8300 SR# 20187078968