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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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

Email Address:___

Foreign Limited Liability Company CRP/Epoch Flora Ridge AA I Owner, L.L.C.

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Help

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

	TION 605.0902, FLORIDA STATUTES, THE FOL SINESS IN THE STATE OF FLORIDA:	LLOKING IS SUBMITTED TO REGIST	ER A FOREKIN LIMITED LIABILITY	
1. CRP/Epoch Flora Ridge (Name of Foreign	e AA I Owner, L.L.C. Limited Liability Company; must include "Lumited	Liability Corepany, "Ti J.C., 'or "t.J.C')		
(If name unavailable, enter alternate to	nne adopted for the purpose of transacting business in Florid	ic. The alternate cause must include "Limited Lia	Stirty Company," "L.L.C," or "LLC,")	
2. Delaware (Jured.dem owler the law of wh	nich foreign innied liability company is organized)	3. applied for (PEI minute)	ocr, if appurable)	
4 Upon qualification				
*·	(Date first transacted business in Flunds, if prior to re (See sections 665,0904 & 605,0905, F.S. to determine	gietroflon) r perm by fishility)		
a 1001 Pennsylvania Av	e NW	6. 1001 Pennsylvania Ave N	w 影言 T	
(Street Address of I	rincipal Office)	(Mailing Add	(TBI)	
Suite 220 South		Suite 220 South		
Washington DC 20004	·	Washington DC 20004		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	Si Si	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road	The second secon		
	Plantation (City)	, Florida 33324		
designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of proton, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. Hy: C T Corporation System	registered agent and agree to act	in this capacity. I further agree	
	(Registered agent's sig	gnature)	 -	
8. The name, title or caps Title or Capacity:	acity and address of the person(s) who has Name and Address:	whave authority to manage is/are: Title or Capacity:	Name and Address:	
Soie Member	CRP/Epoch Flora Ridge AA 1 1001 Pennsylvania Ave NW Washington DC 20004	Venture, LLC.		
(Use attachments if neces	con à			
•	•			
 Attached is a certificate jurisdiction under the law of the translator must be s 	of existence, no more than 90 days old, d of which it is organized. (If the certificate ubmitted)	luly authenticated by the official ha is in a forcign language, a translal	aving custody of records in the	
10. This document is executed in a document to	tuted in accordance with section 605.0203 to the Department of State constitutes a thir	(1) (b), Florida Statutes, 1 am award degree felony as provided for in	re that any false information s.817.155, F.S.	
•				
Signocure of an uniforacia person				
	Stacy M. Rosenthal			
	Typed or p	printed name of signer		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CRP/EPOCH FLORA RIDGE AA I OWNER,

L.L.C." 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 SEVENTH DAY OF NOVEMBER, A.D. 2018.

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

FILED
18 NOV -7 AM 5: 35

7134483 8300 SR# 20187516965

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