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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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K SALY DEC 1 1 2018 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 519862 7100061

AUTHORIZATION : Oppelo

COST LIMIT : \$ 425/00

ORDER DATE: December 7, 2018

ORDER TIME : 9:42 AM

ORDER NO. : 519862-025

CUSTOMER NO: 7100061

FOREIGN FILINGS

NAME: DISCOVERY VILLAGE AT SARASOTA BAY II 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: Emily Croft -- EXT# 62925

EXAMINER:

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:

	GE AT SARASOTA BAY II LLC Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.	
(If name unavailable, enter alternate a	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Li	iability Company," "L L.C," or "LLC.")
2 DELAWARE		3. APPLIED FOR	
	hich foreign limited liability company is organized)		mber, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)	
			man ni in
5. 27299 RIVERVIEW CENTER BLVD. (Street Address of Principal Office)		6. 27299 RIVERVIEW CENTER BLVD	
SUITE 201	Tracipal Office)	SUITE 201	kdress)
BONITA SPRINGS, FL 34134		BONITA SPRINGS, FL	
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	王
Name:	Corporation Service Company		9/4 5
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>32301</u> (Zip cc	
	(City)	(Zip co	ode)
and accept the obligation 8. The name, title or caps	corporation service Company By: (Registered agent acity and address of the person(s) who have	Signature) ASST. Vice as thave authority to manage is/are:	Croft President
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MANAGER	Richard Hutchinson		
	27599 Riverview Center Blvd #2 Bonita Springs, FL 34134	201	
		_	
		_	
		_	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)		
	uted in accordance with section 605.020: the Department of State constitutes a th		
	Signature	of an authorized person	
	Jo	y S. Goldman	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DISCOVERY VILLAGE AT SARASOTA BAY II

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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISCOVERY

VILLAGE AT SARASOTA BAY II LLC" WAS FORMED ON THE SEVENTH DAY OF

DECEMBER, A.D. 2018.

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

18 DEC 10 AH 4: 50

Authentication: 204058474

Date: 12-10-18

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