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

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Foreign Limited Liability Company Flamingo Crossing Apartments, LLC

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K. SALY MAR 1 4 2019

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

IN COMPILANCE WITH SECTION 605.0902 FLORIDA STATUTES. THE FOLLOWING IS SURMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPLINY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Flamingo Crossing Apartments , LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.U.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting big-liness in Florida. The alternate name must include "Limited California Company," "Ed., C," or "LLC," (Jurisd ction under the law of which foreign limited hability company is organized) 4. 03/11/2019 (Date that transacted minness in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability). 6. 10100 Santa Monica Blvd., Suite 1000-10100 Santa Monica Blvd., Suite 1000 (Mailing Address) (Sireat Address of Principal Office) Los Angeles, CA 90067 Los Angeles, CA 90067 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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.

Rv: CT Corporation System

Stephanie Boenm.
Assistant Secretary (Registered agent's menutire) 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: Name and Address: Title or Capacity: CFO Steve Towle 10100 Santa Monica Blvd #10-Los Angeles, CA 90067 (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 \$.817.155, F.S. Simulate of an authorized person.

Typed or printed noise of signed

Steve Towle, CFO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLAMINGO CROSSING APARTMENTS, 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 TWELFTH DAY OF MARCH, A.D. 2019.

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

19 HAR 13 AN 4: 14
SECKETARY OF STATE

7320244 8300 SR# 20191923097

Authentication: 202426143

Date: 03-12-19

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