

N1900000750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

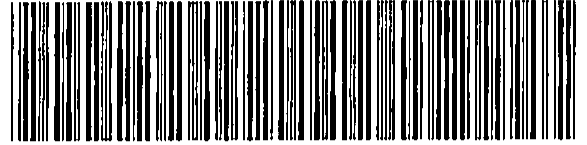
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 869007 7912577

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : August 1, 2019

ORDER TIME : 8:27 AM

ORDER NO. : 869007-005

CUSTOMER NO: 7912577

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: LEGACY PARTNERS RESIDENTIAL  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62969

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legacy Partners Residential 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:

Douglas J. Woo

Name of Person

Legacy Partners, Inc.

Firm/Company

950 Tower Lane, Suite 900

Address

Foster City, CA 94404

City/State and Zip Code

dwoo@legacypartners.com

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

For further information concerning this matter, please call:

Ellyn Freed, Esq.

650

462-0900

at ( )

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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. Legacy Partners Residential LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Florida Legacy Partners Residential LLC

(If name unavailable, enter 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

2. (Jurisdiction under the law of which foreign limited liability company is organized)

20-1140074

3. (FEI number, if applicable)

n/a

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

950 Tower Lane, Suite 900

5. (Street Address of Principal Office)

Foster City, CA 94404

950 Tower Lane, Suite 900

6. (Mailing Address)

Foster City, CA 94404

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

(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: C. Preston Butcher\*

☒ Member Address: 950 Tower Lane

☐ Authorized Suite 900

Person Foster City, CA 94404

☐ Other ☐ Other

☐ Manager Name: Guy K. Hays\*\*\*

☒ Member Address: 950 Tower Lane

☐ Authorized Suite 900

Person Foster City, CA 94404

☐ Other ☐ Other

☐ Manager Name: Jon Christopher Wood

☐ Member Address: 122 Stone Hill Drive

☒ Authorized Maitland, FL 32751

Person Senior Managing Director

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: W. Dean Henry\*\*

☒ Member Address: 950 Tower Lane

☐ Authorized Suite 900

Person Foster City, CA 94404

☐ Other ☐ Other

☐ Manager Name: Robert A. Calleja

☐ Member Address: 950 Tower Lane

☐ Authorized Suite 900

Person Foster City, CA 94404

☒ Other CFO ☒ Other Treasurer

☐ Manager Name: Douglas J. Woo

☐ Member Address: 950 Tower Lane

☐ Authorized Suite 900

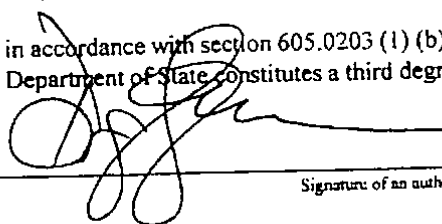
Person Foster City, CA 94404

☒ Other Senior VP ☒ Other Secretary

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Douglas J. Woo  
 Typed or printed name of signer

ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

FOR

AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LEGACY PARTNERS RESIDENTIAL LLC

\* C. Preston Butcher, as trustee of the Preston Butcher Legacy Partners Business Assets Revocable Trust u/d/t dated May 12, 2003, as amended

\*\* W. Dean Henry, as trustee of the W. Dean Henry Legacy Partners Business Assets Revocable Trust u/d/t dated February 20, 2004 (Amended and Restated March 19, 2014)

\*\*\* Guy K. Hays, as trustee of the Hays 2009 Revocable Trust u/d/t dated November 12, 2009

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY PARTNERS RESIDENTIAL 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 FIRST DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY PARTNERS RESIDENTIAL LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2003.

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

2019 AUG -5 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

3750028 8300

SR# 20196296010

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203334110

Date: 08-01-19