Fal 00000 2279

(Requestor's Name)
(ivequestor's rearrie)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



700364763187

FILED 2021 APR 23 AM III: III SECRETARIA SESSIONI

2021 APR 23 PM 2: 28 SECRETARY OF STATE FALL AHASSEE F STATE

CEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 7-7.8749 8056101				
AUTHORIZATION CHARLES REAL				
COST LIMIT : \$ 70.00				
ORDER DATE : April 22, 2021				
ORDER TIME : 10:44 AM				
ORDER NO. : 778749-005				
CUSTOMER NO: 8056101				
FOREIGN FILINGS				
NAME: LANDSEA HOMES US CORPORATION				
XXXX QUALIFICATION (TYPE: CO)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Landsea Homes	: US Corporation		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	_
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florid	 la)
Delaware	•	58-4047647	·
2. (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 09/11/2017			
	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
7. 660 Newport Cer	nter Dr., Suite 300, Newport Beach, CA 92660		
See above.	(Principal office	s street address)	- THEFT
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	5 23 E
Name:	Corporation Service Company	<u> </u>	
Office Address:	1201 Hays Street	T ATE	8
	Tallahassee	Florida	
	(City)	(Zip code)	
designated in this further agree to co and I am familiar	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes religious and accept the obligations of my position.	e of process for the above stated corporation at the ent as registered agent and agree to act in this capative to the proper and complete performance of tion as registered agent.	pacity. I

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name: Michael Forsum
□Vice Chairman	Address: 660 Newport Center Dr., Ste 300	□Vice Chairman	Address: 660 Newport Center Dr., Ste 300
■Director	Newport Beach, CA 92660	□Director	Newport Beach, CA 92660
□President		President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
Other CEO	Other	Other COO	□Other
□Chairman	Franco Tenerelli	□ Chairman	Name:
	660 Newport Center Dr., Ste 30	□ Vice Chairman	Address: 660 Newport Center Dr., Ste 300
□ Director	Newport Beach, CA 92660	☐ Director	Newport Beach, CA 92660
□President		□President	
■ Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
□Other	□Other	Other Senior VI	Other
□Chairman	Name:	□Chairman	Name:
	Address: 660 Newport Center Dr., Ste 30		Address: 660 Newport Center Dr., Ste 300
□ Director	Newport Beach, CA 92660	□ Vice Chairman □ Director	Newport Beach, CA 92660
□President		□President	
□Vice President		■ Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
■Other Senior V	P	□Other	□Other
individuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Departn	nent of State Annual Re	port form.
12.	Signature of Director	or Officer	
	etor signing this document (and who is listed in numb	per 11 above) affirms the	at the facts stated herein are true and that he or

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LANDSEA HOMES US CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANDSEA HOMES US CORPORATION" WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER,

A.D. 2017.

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

Authentication: 203039790

Date: 04-23-21