From: Ranae McGraw

12/28/2020

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)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:_

8: 55

FLORIDA LIMITED LIABILITY CO. The Saddlebrook III, LLC

Certificate of Status	U
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLE I - Names The name of the Limited Liability Company is:

The Saddlebrook III, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5640 N. Quail Summit Place	5640 N. Quail Summit Place
Boise, 1D 83703	Boise, ID 83703

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation Sys	stem	
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my divites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

By: Surf Corporation System

By: Surf Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Manager Paul Eterno 6 Chivalry Lane Nesconset, NY 11767 Manager Lisa Schmidt 5640 N. Quail Summit Place Boise, 1D 83703 Manager Gail McCarthy 23 Barberry Street Hooksett New Hampshire 03106 See attachment if necessary) V: Effective date, if other than the date of filing:	<u>Fitle:</u> 'AMBR" = /	authorized Member	Name and Address:
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V: Effective date, if other than the date of filing:			Hooksett New Hampshire 03106
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