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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E 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:\_\_

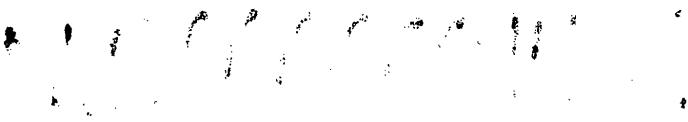
## Foreign Limited Liability Company Pelican Pointe Gardens Managing Co. GP, LLC

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Managing Co. GP, LLC		
(Name of Foreign	Emitted Eashility Company; must include "Estail	red Liabibity Company " "E.I. C.," or "I.I.C.	",
l'iname unavadable, enter ditemate r	name adopted for the purpose of transacting business in	Florida The alternate name must include "Timiter	d Endoirty Company, "1, 1, C." or "E1 C."
Delaware		N/A 3	
(Jurisdiction under the law of w	bich foreign lunded lightlier company is organized)	() Id m	uniber, if applicable)
upon filing			2020 OCT 29
	(Date first transacted business in Florida if prior (See sections 605 (200 & 605 0005, F.S. to dete.	to registration ) infoe-penalty hability)	72
999 Waterside Drive		999 Waterside Drive 6.	9 P
Street Address of Principal Utilice)	·····	6. (Mailing Address)	F. 3
Sauce 2300		Suite 2300	FLERRIDA
Norfolk, VA 23510		Norfolk, VA 23510	>
. Name and street addres	ss of Florida registered agent. (P.O. Bo	nx <u>NOT</u> acceptable)	
Name,	CT Corporation System		
Office Address.	1200 South Pine Island Road		
	Plantation	33324 , Florida	

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.

Ву-	CI Corporation System Exercise French					
	(Registered agent's signature)	Stephanie Boehm	Assistant Secretary			

S.	For initial	landexing purpor	ses, list names,	title or capac	ity and addresse:	of the primary	members/managers or	persons authorized to
113	mage Jup to	o six (6) total]						

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name: T. Richard Litton, Ir	⊒Manager	Name:	
□Member	Address:	☐ Member	Address:	
☑Authorized	Suite 2300	□Authorized		
Person	Norfolk, VA 23510	Person		
Other	Other	Cothor		Other OT
□Atanager	Name: Carla R. Stoner	∏Manager	Name:	29 PP
□Meniber	Address: 999 Waterside Drive	□ Member	Address:	F 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
□Authorized	Suite 2300	Authorized		$\epsilon_{0}\epsilon_{0}\omega$
Person	Nortiolk, VA 23510	Person		
□Other	Other	_ Other		∃Othet
□Manager	Name:	II Manager	Name:	
⊡Member	Address:	_Member	Address: _	
□Authorized		Authorized		
Person	* No. of the latest th	Person		1.00
□()ther	Other	_Other	<u></u>	□Other

Important Notice. Use an attachment to report more than six (o). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filling 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 \$.817,155, F.S.

M		
	Signature of an authorized person	
T. Richard Litton, Jr.		
	Exped or ponted those of source	

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PELICAN POINTE GARDENS MANAGING CO.

GP, 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 TWENTY-NINTH DAY OF OCTOBER, A.D.

2020.

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

3984212 8300

SR# 20208118447

You may verify this certificate online at corp.delaware.gov/authver.shtml

Setting W. Bulliack, Secretary of State

Authentication: 203969746

Date: 10-29-20