

10/29/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

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: _____

2020 OCT 29 AM 9:07
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 2020 OCT 29 PM 4:00
 SECRETARY OF STATE

Foreign Limited Liability Company
Stonewood Gardens Managing Co. GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

OCT 30 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stonewood Gardens Managing Co. GP, L.L.C.
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "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")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized.)
3. N/A (ID number, if applicable)

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

5. 999 Waterside Drive (Street Address of Principal Office)
Suite 2300
Norfolk, VA 23510
6. 999 Waterside Drive (Mailing Address)
Suite 2300
Norfolk, VA 23510

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (zip code)

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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: C T Corporation System
(Registered agent's signature) Stephanie Boehm Assistant Secretary

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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: T. Richard Litton, Jr	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 999 Waterside Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 2300 Norfolk, VA 23510	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Carla R. Stoner	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 999 Waterside Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 2300 Norfolk, VA 23510	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


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 OFFICE OF THE CLERK
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 TALLAHASSEE, FL 32399

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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
 T. Richard Litton, Jr

 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STONEWOOD 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.



A handwritten signature in black ink, appearing to read "JWBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3984270 8300

SR# 20208118432

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

Authentication: 203969743

Date: 10-29-20