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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company OAK PARK ESTATES (FL) OWNER HILLC

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

IN COMPLIANCE WITH SECTION (05.00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Oak Park Estates (FL) Owner III LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name was aibble, rater attenue make adopted for the purpose of transacting business in Florida. The akemate name must include "I united Lability Company," "U.J. C," or "I I.C.") Delaware 3. (Fill number, if applicable) (Durishelian under the law of which foreign limited lightliffy company is organized) d. (Date first transacted business in Nortda, if prior to registration.)
(See sections 605 0504 & 603,0903, 18.5) to determine potential highlity) Woodlawn Hall at Old Parkland Woodlawn Hall at Old Parkland 6. (Mailing Address) Succi Address of Principal Office) 3953 Maple Avenue, Suite 300 3953 Maple Avenue, Suite 300 Dallas, Texas 75219 Dallas, Texas 75219 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation ...___, Florida_ 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. Sunda Jugat CT Corporation System (Refusioned aftern & signature)

From: Kimberly Laughrey

| litle or Capacity: | Name and Address: | Title or Capacity | <u>:</u> | Name and Address: |
|--|--|--|------------------------------------|---|
|]]Manager | Name: Ron J. Hoyi | □Manager | Name: | |
| ⊒Member | Address: Stc 300 | □Member | Address: | |
| ∃Authorized | Dallas, TX 75219 | □Authorized | | |
| Person | | Person | | |
| Vice Preside Other | dent []Other | []Other | - | [_Other |
| ⊡Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: _ | |
| []Authorized | | [[Authorized | | |
| Person | | Person | | de data no er u dra cur varre deregeler ville ta de meg en effek blad e m |
| []Other | []Other | []Other | - | Other |
| ∐Manager | Name: | ∭Manager | Name: | <u></u> |
| ⊟Member | Address: | ∐Member | Address: _ | |
| □Authorized | | □Authorized | | |
| Person | | Person | · · · · · | |
| □Other | — | □Other | | Other |
| 9. Attached is a ce jurisdiction under of the translator m | Use an attachment to report more than six (6). Is may be added to the index when filing your bertificate of existence, no more than 90 days old the law of which it is organized. (If the certificant be submitted) at is executed in accordance with section 605.02 tument to the Department of State constitutes a | thorida Department of State of | the official havage, a translation | ving custody of records i on of the certificate unde |

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "OAK PARK ESTATES (FL) OWNER III 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-SEVENTH DAY OF JULY, A.D. 2021.

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

e at corp.delaware.gov/authver.sh

Authentication: 203770597

Date: 07-27-21