

10/29/21, 10:10 AM

Division of Corporations

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

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Account Number : FCA000000023  
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Foreign Limited Liability Company  
Sparrow Patio CL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

OCT 29 2021

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sparrow Patio CL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If same as variable, 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.")

Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (If limited, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 602.0904 & 603.0905, F.S. to determine penalty liability)

11540 Highway 92 East 11540 Highway 92 East (Street Address of Principal Office) (State Address)

Seffner, FL 33584 Seffner, FL 33584

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)

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.

Handwritten signature of Donna Peterson-Riggs

(Registered agent's signature)

C T Corporation System
Donna Peterson-Riggs
Assistant Secretary

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

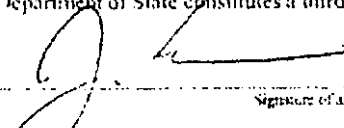
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jeffrey Seaman	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: 400 Perimeter Center Terrace	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized Person	Suite 800 Atlanta, GA 30346	<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
<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

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  
 Jeffrey Seaman, Manager  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPARROW PATIO CL 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. 2021.

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



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

6304055 8300

SR# 20213650042

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204546240

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