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# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

a	ate:	03/11/2022	7.11
		Acc#I20160000072	an: CDW
Name:	Chatham	Square Apartments, LLC	
Document #:			
Order #:	1419865	7	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	.7. ~2
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Thank you!

### **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	Chatham Square Apartments, L	LC					
		Name of Limited Liability Company					
		d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.					
Please re	turn all correspondence concerning t	his matter to the following:					
	Sixto Abao						
		Name of Person					
	The Bascom Group						
		Firm/Company					
	7 Corporate Park, Suite 10	0					
		Address					
	Irvine, CA 92606						
		City/State and Zip Code					
	sahao@bascomgroup.com						
	E-mail ad	dress: (to be used for future annual report notification)					
For furth	er information concerning this matte	r, please call:					
	Sixto Abao	949 955-0888, ext 118					
	Name of Contact P	<del></del>					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	☐ \$125.00 Filing Fee ☐ \$130.0	g amount:  RIDA DEPARTMENT OF STATE  00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy					

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

IN COMPLIANCE WITH SECTION 605 (902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Lia	sbility Company," "L L C," or "Ll.C.")
Delaware	, , , ,		
•	hich foreign limited liability company is organized)	3(FEI number	
(Junisdiction under the law of w	nich toreign innited (шинну сотрану із обранілев)	(FEI numbe	ж, и првислоке)
4	(Date first transacted business in Florida if poor	lo registration.)	<u></u>
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 505 0905, F.S. to deter	mine penalty liability)	
7 Corporate Park, Suite		7 Corporate Park, Suite 100 6. (Mailing Address)	
5. (Street Address of Principal Office)		O. (Mailing Address)	
Irvine, California 9262	0	Irvine, California 92620	
		<del></del>	12 20 20 20 20 20 20 20 20 20 20 20 20 20
	****		<u> </u>
7. Name and street address Name:	es of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	2022 HAR II PH SECRETARY OF S TALLAHASSEE, FL
Office Address:	1200 South Pine Island Road		2: 29 STATE LORIDA
	Plantation	33324 . Florida	
	(City)	(Zip code)	<del></del>
designated in this applica to comply with the provisi and accept the obligation.	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited let as registered ugent and agree to act it er and complete performance of my d	n this capacity. I further agree

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]:

Title or Capacity:

Name and Address:

The or Capacity:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Chatham Square Investor, LLC	□Manager	Name:	
■Member	Address: 7 Corporate Park, Suite 100	□Member	Address:	
□Authorized	Irvine, CA 92606	□Authorized	<del></del>	
Person		Person	-	
□Other	Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized	<del></del>	
Person		Person		
□ Othur	□ Other	Other		□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.

Signatury of an authorized person

JEVOME FINK, Authorized Signatory

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

DELAWARE, DO HEREBY CERTIFY "CHATHAM SQUARE APARTMENTS, 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 TENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 202884793

Date: 03-10-22