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Division of Corporations

Florida Department of State
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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

Foreign Limited Liability Company
HOMESTEAD TOWN CENTER INVESTMENT PARTNERS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2023 MAY -5

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Help

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. HOMESTEAD TOWN CENTER INVESTMENT PARTNERS, LLC
(Name of foreign limited liability company; must include "limited liability company," "LLC," or "L.L.C.")

2. Delaware
(State or foreign state of origin for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC," or "L.L.C.")

3. Delaware
(State or foreign state of origin for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC," or "L.L.C.")

4. 7901 4TH ST. N STE. 6205
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. 7901 4TH ST. N STE. 6205
(Street Address of Principal Office)

ST. PETERSBURG, FL 33702

6. 7901 4TH ST. N STE. 6205
(Mailing Address)

ST. PETERSBURG, FL 33702

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

Name: Will Prince, Esq.

Office Address: Greenspoon Marder LLP
600 Brickell Ave., Ste 3600

Miami 33131
(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.

Will Prince, Esq.
(Registered agent's signature)

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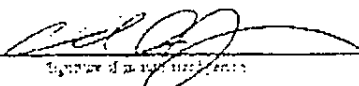
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Ahmad R. Johnson</u>	☐ Manager	Name: <u>Josua Parus</u>
☐ Member	Address: <u>600 Brickell Ave., Ste 3600</u>	☒ Member	Address: <u>500 Brickell Ave., Ste 3600</u>
☐ Authorized	<u>Miami, FL 33131</u>	☐ Authorized	<u>Miami, FL 33131</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ 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 §817.155, F.S.



 Ahmad R. Johnson

 Secretary/Treasurer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMESTEAD TOWN CENTER INVESTMENT PARTNERS, 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 FOURTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOMESTEAD TOWN CENTER INVESTMENT PARTNERS, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2021.

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



6282140 8300

SR# 20231827220

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

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.

Authentication: 203281301

Date: 05-04-23