

024000000003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

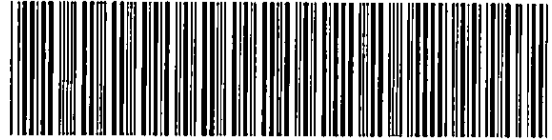
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
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FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/11/2024

Acc#I20160000072

en: c DW

Name:	Citrus Park Hotel DST
Document #:	
Order #:	15322297 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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 Ref# _____

Amount: \$ **350.00**

Thank you!

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

Citrus Park Hotel DST

A Delaware Statutory _____ **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of Citrus Park Hotel DST, a

(Name of Trust)
Delaware Statutory _____ Trust hereby affirms in order to file or qualify
(State)
Citrus Park Hotel DST, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is c/o Virtua Partners (US), LLC
17470 N. Pacesetter Way, Scottsdale, AZ 85255
3. The registered agent and street address in the State of Florida is:
Corporation Service Company, 1201 Hays St., Tallahassee, FL 32301
4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.

Torsha Flores

Torsha Flores, Assistant Secretary

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

-- See following page --

NOTARY

Name: Chris Sorensen, manager
of Sorensen Entity Services, the
Delaware Trustee

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

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TO FILE OR QUALIFY**

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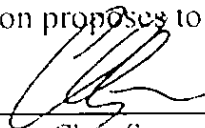
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2024

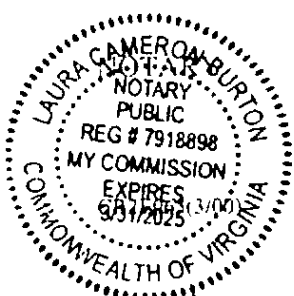
(Signature of Registered Agent)

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C-1



Name: Chris Sorensen
Manager of Sorensen Entity Services LLC, the Delaware Trustee



Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

City of Chesterfield
State of Virginia
The following instrument was acknowledged before me this 12 day of January
2024
by
Christopher Sorensen
(Name of person seeking acknowledgement)
Laura Burton Finnell
Notary Public
My Commission Expires: 3/31/2025

I was commissioned a notary public by Laura Cameron Burton