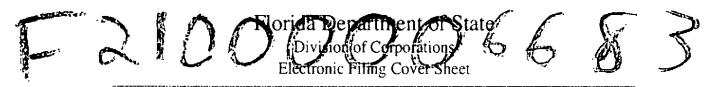
11/19/21, 12:26 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000428122 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Lennar Sales Corp.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

S. ROBERTS Help

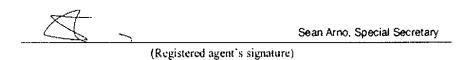
NOV 1 9 2021

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

· /Enter name of a	corporation; must include "INCORPORATE	ייים:	"COMPANY" "COPPOR ATION!"
	orp," "Inc," "Co," or "Corp.")	ω,	COMPANT, CORPORATION,
•	able in Florida, enter afternate corporate na	ne ad	opted for the purpose of transacting business in Florida)
California		3	(FEI number, if applicable)
-	ry under the law of which it is incorporated)		
11/19/1998		5. P	erpetual
(Date	of incorporation)		(Date of duration, if other than perpetual)
·			
			lorida, if prior to registration)
	(SEE SECTIONS 607.1501 & 60		florida, if prior to registration) 2, F.S., to determine penalty liability)
, 700 NW 107 Ave	(SEE SECTIONS 607.1501 & 60° enue, Suite 400, Miami, FL 33172	7.150	2, F.S., to determine penalty liability)
*	(SEE SECTIONS 607.1501 & 60° enue, Suite 400, Miami, FL 33172  (Principal	7.150	
*	(SEE SECTIONS 607.1501 & 60° enue, Suite 400, Miami, FL 33172 (Principal enue, Suite 400, Miami, FL 33172	office	2, F.S., to determine penalty liability)  street address)
•	(SEE SECTIONS 607.1501 & 60° enue, Suite 400, Miami, FL 33172 (Principal enue, Suite 400, Miami, FL 33172	office	2, F.S., to determine penalty liability)
700 NW 107 Av	(SEE SECTIONS 607.1501 & 607.1501	office	2, F.S., to determine penalty liability)  street address)  address, if different)
700 NW 107 Av	(SEE SECTIONS 607.1501 & 60° enue, Suite 400, Miami, FL 33172 (Principal enue, Suite 400, Miami, FL 33172	office	2, F.S., to determine penalty liability)  street address)  address, if different)
700 NW 107 Av	(SEE SECTIONS 607.1501 & 607.1501	office	2, F.S., to determine penalty liability)  street address)  address, if different)
700 NW 107 Av  3. Name and stre  Name:	(SEE SECTIONS 607.1501 & 607.1501	office	estreet address)  address, if different)  Box NOT acceptable)  AHARAS
700 NW 107 Av	(SEE SECTIONS 607.1501 & 607.1501	office	2, F.S., to determine penalty liability)  street address)  address, if different)

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## A. DIRECTORS Mark Sustana Diane Bessette □Chairman □ Chairman Name: 700 NW 107 Avenue, Suite 400 700 NW 107 Avenue, Suite 400 ☐Vice Chairman Address: □Vice Chairman Address: \_ Miami, FL 33172 Miami, FL 33172 **⊠** Director **⊠** Director ☐ President □ President № Vice President □Vice President **⊠**Secretary ☐ Treasurer □ Secretary □Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □ Chairman Name: Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director ☐ President ☐ President □Vice President □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer Other \_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ □Chairman Name: Name: ☐ Chairman □Vice Chairman Address: Address: ☐ Vice Chairman □ Director Director ☐ President □ President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □ Treasurer ☐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.

Signature of Director or Officer

The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Sean Arno, Attorney-in-Fact



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: LENNAR SALES CORP.

File Number: C2041020 Registration Date: 11/19/1998

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of November 18, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 19, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RG698MZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.