(Requestor's Name)							
(Address)							
(Address)	_						
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status	_						
Special Instructions to Filing Officer:	7						

Office Use Only



300285718073

05/13/16--01001--025 \*\*160.00

MAY 1 6 2013 BRUCE

	INC. P.O. Box 3	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666					
		WAI	K IN				
	Pl	CK UP:	5-13-16				
$\boxtimes$	CERTIFIED COPY						
	РНОТОСОРУ						
À	cus						
×	FILING	FC	reign				
	HM7 JV OL (CORPORATE NAME AND D	OCUMENT#)					
	(CORPORATE NAME AND D	OCUMENT #)		7 c. 21			
				2016 MAY			
	(CORPORATE NAME AND D	OCUMENT #)		13 P Z			
	(CORPORATE NAME AND D	OCUMENT #)		2: 2u			
	(CORPORATE NAME AND D	OCUMENT #)					

1.

2.

3.

4.

5.

6.

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ms						
SUBJE	HM7 JV OWNER,	шс						
0000	<u></u>	Name of	Limited Liability (	ompany	<del></del>			
The end Existend	losed "Application by Force, and check are submitted	reign Limited Liability Comp ed to register the above refer	cany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," Certificat y company to transact business in Flor	e of ida		
Please r	eturn all correspondence	concerning this matter to the	following:					
	John Blanton							
	Name of Person							
	Dream Finders	Homes LLC						
	Firm/Company							
	360 Corporate	Way, Suite 100						
	Address							
	Orange Park, FL 23073							
		City/S	tate and Zip Code					
	john@dreamfine	dershomes.com						
		E-mail address: (to be use	d for future annual	report no	tification)			
For furt	her information concernir	ig this matter, please call:						
Corey S. Aday		602 at (	362-02	03				
	Name	of Contact Person	Area Code	Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	-		Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section duilding excutive Center Circle see, FL 32301	77		
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ving amount:  \$\sum_\$130.00 Filing Fee &  Certificate of Status	S155.00 Filir Certified Copy	g Fee &	\$160.00 Filing Fee, Certificate of Status & Certified (Copy)	FILED		

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

IN COMPLIANCE WITH SECTION HIS.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HM7 JV OWNER, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.") (If name unavailable, once 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 (FEI number, il applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 360 Corporate Way, Suite 100 Orange Park, Florida 32073 (Street Address of Principal Office) 360 Corporate Way, Suite 100 Orange Park, Florida 32073 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Drive, Suite A Office Address: Tallahassee (City) 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 complywith 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. (Register) 8. The name, (title or capacity and address of the person(s) who has/have authority to manage is/are: Petrick Zelupski, Manager c/o Dream Finders Homes LLC, 360 Corporate Way, Suite 100, Orange Park, Florida 32073 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 conflicate is in a foreign language, a translation of the certificate inder oath of the translator must be submitted)

57

Typed or printed name of signee

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.

John Blanton

Signature of an authorized person

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HM7 JV OWNER, 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 THIRTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HM7 JV OWNER, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2016.

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

6004719 8300

SR# 20163187718

Authentication: 202316065

Date: 05-13-16