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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

Fax Number

: (702)866-2500 : (702)866-2689

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 Limited Liability Company Chalk Point Realty, L.L.C.

 	
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COVER LETTER

TO:	egistration Section vision of Corporations						
	Chalk Point Realty, L.L.C.						
SUBJE	Name of Limited Liability Company						
The end Existen	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	of da.,					
Please i	rn all correspondence concerning this matter to the following:						
	Jayaje Howard Name of Person						
	InCorp Services, Inc.						
Firm/Company 3773 Howard Hughes Pkwy · Suite 500s							
							•
	Las Vegas, NV 89169-6014						
	City/State and Zip Code						
documents@incorp.com							
E-mail address: (to be used for future annual report notification)							
For furt	information concerning this matter, please call:						
	aycie Howard on Behalf of InCorp Services, 702 866-2500						
Inc.	Name of Contact Person Area Code Daytime Telephone Number						
•	AILING ADDRESS: ivision of Corporations glistration Section O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	٠					
Enclose	s a check for the following amount: \$125.00 Filing Fee \(

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:

(Name of Fore	ign Limited Liability Company; must in	nclude "Limited Liab	lity Company," "L.L.C.," or "	LLC.")			
(If name unavailable, enter al Liability Company," "L.L.C," Maryland	ternate name adopted for the purpose of or "LLC.")	transacting business		must inc	lude "L	imited	
(Jurisdiction under the law	of which foreign limited liability	3.	(FEI number, if applicable)			_	
company is organized)			•				
4. Upon Registration	(Date first transacted business (See sections 605,0904 & 605.090	n Florida, if prior to s	egistration.)				
5. 4924 E. Chalk Poir		15, F.S. to determine	penalty liability)				
West River	MD	20778					
4004 5 00 11 5 1	(Street Address of Prin	cipal Office)		ΣA			, . u
6. 4924 E. Chalk Poin	t Rd.			LC.	on ⊒ <u>∞</u>	r 1500	
West River	MD	20778			AUG -	£ 3	
	(Mailing Add	ress)		95	င်	; nux	
7. Name and street addres	s of Florida registered agent: (P.O.	Box NOT acceptal	ole)	Ho		j } }	
Name:	InCorp Services, Inc.		•	F 51		- Carrent	•
Office Address:	17888 67th Court North				აე ე		
	Loxahatchee		Florida 33470	šv			
Registered agent's accept	(City)		(Zip code)				
designated in this applicat to complywith the provision	elistered agent and to accept service ion, I hereby accept the appointment of all statutes relative to the proposition as registered agent.	nt as registered ago	ent and agree to act in this	capacity and I an	. I fur fanili	ther agre ior with a	ind
•	(Registered	agent's signature)					
8. The name, title or canso	city and address of the person(s) wh	o has/have authorit	v to manage is/are:				
	ing Member, 4924 E. Chalk I			•			
THE COUNTY MAKING	, and mornson, rez v c. onan	Bille red., 4400t	TATOL, AID LOT TO		•		
		· · ·					
9. Attached is a certificate of purisdiction under the law of the translator must be suited.	of existence, no more than 90 days of which it is organized. (If the certiformitted)	old, duly authentical icate is in a foreign	ed by the official having collanguage, a translation of t	istody of he certifi	record cate un	s in the der oath	
	Signature of a	n authorized person					
submitted in a document to	in accordance with section 605.0203 the Department of State constitutes Virginia Glenn	l (1) (b), Florida Sta a third degree felon	atutes. I am aware that any f y as provided for in s.817.1	alse info 55, F.S.	rmation	ı	•

Typed or printed name of signee

H 16000 189 173 3

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CHALK POINT REALTY, L.L.C., REGISTERED SEPTEMBER 03, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 01, 2016.

Heidi Dudderar Associate Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto, Metro (410) 767-1344 / Outside Balto, Metro (888) 246-5941 0010217312
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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