

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
NORTH PORT WOODSPRING OWNER LLC

Certificate of Status	0
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Corporate Filing Menu

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APR 25 2017

Y SULKER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NORTH PORT WOODSPRING OWNER LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Stephanie Briggs

Name of Person

Aspen Square Management, Inc.

Firm/Company

380 Union Street, Suite 300

Address

West Springfield, MA 01089

City/State and Zip Code

Andrea\_McRitchie@aspensquare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Briggs

413

439-6380

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

# 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. NORTH PORT WOODSPRING OWNER LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0878478

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 380 Union Street, Suite 300

West Springfield, MA 01089

(Street Address of Principal Office)

6. 380 Union Street, Suite 300

West Springfield, MA 01089

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By: [Signature]

C T Corporation System

(Registered agent's signature)

**SALVINA AMENTA-GRAY**  
**SPECIAL ASSISTANT SECRETARY**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Nepsa Manager LLC, Manager

380 Union Street, Suite 300

West Springfield, MA 01089

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)

NORTH PORT WOODSPRING OWNER LLC, by Nepsa Manager LLC, its Manager, by Nepsa Property Investors, Inc., its Manager

[Signature]  
Signature of an authorized person

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.

Jeremy Pava  
Treasurer

Typed or printed name of signer

**NORTH PORT WOODSPRING LLC  
380 UNION STREET, SUITE 300  
WEST SPRINGFIELD, MA 01089**

March 20, 2017

*Re: North Port Woodspring Owner LLC*

To Whom It May Concern:

The undersigned hereby consents to the use of the name "North Port Woodspring Owner LLC" in that said limited liability company is organized by the principals of North Port Woodspring LLC.

Very truly yours,

**NORTH PORT WOODSPRING LLC**

By Nepsa Manager LLC  
Its Manager

By Nepsa Property Investors, Inc.  
Its Manager

By 

Name:

Title:

**Jeremy Pava  
Treasurer**

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NORTH PORT WOODSPRING 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2017.

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



6353286 8300

SR# 20172736458

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202423119

Date: 04-24-17