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CORPORATE ACCESS,

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	FILING Foreign ANT JV Owner LLC (CORPORATE NAME AND DOCUMENT#)
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COVER LETTER

TO:	Registration Section Division of Corporation	os			
SUBJE	ANT JV Owner, LL	С			
SUBJE		Name of I	Limited Liability C	ompany	
The enc	losed "Application by For ee, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizat	ion to Transact Business in Flored liability company to transact	ida," Certificate of business in Florida.
Please re	eturn all correspondence o	oncerning this matter to the	following:		
	Eric Lee				
		Na	ame of Person		
	RAM Real Esta	ne Capital			
Firm/Company					
	38 High Avenu	е			
	 		Address		
	Nyack, New Y	ork 10960			
		City/S	tate and Zip Code		
	ELee@ramrecap				
		E-mail address: (to be use	d for future annual	report notification)	
For furt	her information concernin	g this matter, please call:			
	Eric Lee		646 at (927-7392	
	Name o	of Contact Person	Area Code	Daytime Telephone Num	ber
	MAILING ADDRESS: Division of Corporation: 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	17 JI SECTO
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & □ \$160.00 Filing F of Status & Certific	

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:

ume unavailable, enter alternate n	same adopted for the purpose of transacting business in F	londa. The alt	rruste name must include "Limited Liability Company," "L.L.C," or "LLC
Delaware		3.	
(Jurisdiction under the law of w	tech foreign limited tiability company is organized)		(FEI number, if applicable)
	Upon Approval		
	(Dute first transacted business in Florida, if prior a (See sections 605.0904 & 605.0905, F.S. to deter		
38 High Avenue (Street Address of	emorinal Officer)	6	38 High Avenue (Mailing Address)
Nyack, New York 109			Nyack, New York 10960
		-	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NQT</u> ac	cceptable)
Name:	Registered Agent Solutions, Inc.		
Office Address:	155 Office Plaza Drive, Suite A		· _ ·
Office Address.		_	
	Tallahassee (City)		, Florida 32301 (Zip sode)
signated in this applica comply with the provisi ad accept the obligation	tion, I hereby accept the appointment	as register r and con	or the above stated limited liability company at the red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia Jaclyn Wright, Asst. Secretary
signated in this applica comply with the provisi ad accept the obligation	tion, I hereby accept the appointment to ions of all statutes relative to the prope s of my position as registered agent.	as register r and com	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia Jaclyn Wright, Asst. Secretary
signated in this applica comply with the provisi ad accept the obligation	tion, I hereby accept the appointment of the property of all statutes relative to the property of my position as registered agent. Registered agent's active and address of the person(s) who have	as register r and com	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia Jaclyn Wright, Asst. Secretary
esignated in this applicate comply with the provision accept the obligation. The name, title or caps	tion, I hereby accept the appointment of the property of all statutes relative to the property of my position as registered agent. Registered agent's active and address of the person(s) who have	as register r and com	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia Jaclyn Wright, Asst. Secretary
rignated in this applicated comply with the provisional accept the obligation. The name, title or caps Patrick O. Zalupski, Prince DFH-ANT-FL, LLC	tion, I hereby accept the appointment of the property of all statutes relative to the property of my position as registered agent. Registered agent's active and address of the person(s) who have	as register r and com s signature) as/have at	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia. Jaclyn Wright, Asst. Secretary athority to manage is/are:
esignated in this applicated comply with the provisional accept the obligation. The name, title or caps Patrick O. Zalupski, Prince DFH-ANT-FL, LLC	stion, I hereby accept the appointment of the property of all statutes relative to the property of my position as registered agent. Registered agent's active and address of the person(s) who himcipal	as register r and com s signature) as/have at	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia. Jaclyn Wright, Asst. Secretary athority to manage is/are:
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esignated in this application comply with the provision of accept the obligation. The name, title or capa Patrick O. Zalupski, Printer DFH-ANT-FL, LLC c/o Dream Finder Home. Jes attachments if necess Attached is a certificate risdiction under the law of the complex control of the control of	sof my position as registered agent. Registered agent's relative to the property of the property of existence, no more than 90 days old, of which it is organized. (If the certifical	os register and com signature) as/have at Orange Pa	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia Jaclyn Wright, Asst. Secretary withority to manage is/are:
esignated in this application comply with the provision accept the obligation. The name, title or capa Patrick O. Zalupski, Printer DFH-ANT-FL, LLC conductor of the control of the contr	sof my position as registered agent. Registered agent's Registered ag	os register and com signature) as/have at duly auth te is in a f	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia. Jaclyn Wright, Asst. Secretary withority to manage is/are: rk, Florida 32073 enticated by the official having custody of records foreign language, a translation of the certificate under the statutes. I am aware that any false informations are the statutes of the certificate and the c
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esignated in this applicate comply with the provisional accept the obligations. The name, title or capa Patrick O. Zalupski, Printer DFH-ANT-FL, LLC conductor of the control of the cont	sary) of existence, no more than 90 days old, of which it is organized. (If the certification in accordance with section 605.020 of the Department of State constitutes a the constitutes a the Department of State constitutes a the constitutes as the constitute as the constitutes as the constitute as th	os register and com signature) as/have at duly auth te is in a f	red agent and agree to act in this capacity. I furth uplete performance of my duties, and I am familia. Jaclyn Wright, Asst. Secretary athority to manage is/are: rk, Florida 32073 enticated by the official having custody of records oreign language, a translation of the certificate under the felony as provided for in s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ANT JV OWNER, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

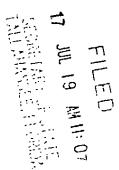
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANT JV OWNER,

LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2017.

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





6453898 8300 SR# 20175266422

Authentication: 202895335

Date: 07-17-17