

M1700000054

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.

((H17000308134 3)))



H170003081343ABC.

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)617-6382

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140.
Phone : (727)461-1918
Fax Number : (727)441-8617

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

LINDAB@JPFIRM.COM

Email Address: _____

**Foreign Limited Liability Company
ANTIOCH-MOSAIC INVESTORS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

2017 NOV 29 PM 12:35

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

D SCOTT
NOV 30 2017

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. ANTIOCH-MOSAIC INVESTORS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. TENNESSEE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-2981119
(FEI number, if applicable)
4. 2017
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))
5. 2300 CURLEW ROAD, SUITE 100
(Street Address of Principal Office)
PALM HARBOR, FL 34683
6. 2300 CURLEW ROAD, SUITE 100
(Mailing Address)
PALM HARBOR, FL 34683

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

Name: CHESTNUT BUSINESS SERVICES, LLC
Office Address: 911 CHESTNUT STREET
CLEARWATER, Florida 33756
(City) (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.

[Signature]
(Registered agent's signature)

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

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--|--------------------|-------------------|
| MANAGER | BGV MCG ANTIOCH, LLC 2300 Curlew Road, Suite 100 Palm Harbor, FL 34683 | | |
| | | | |
| | | | |

(Use attachments if necessary)

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)

10. 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.

[Signature]
Signature of an authorized person

Steven A. Williamson, Authorized Representative

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

LINDA BURR
911 CHEATNUT ST
CLEARWATER, FL 33756

November 21, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0258022

Issuance Date: 11/21/2017
Copies Requested: 1

Document Receipt

Receipt #: 003668561

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3715728510

\$20.00

Regarding: **Antioch- Mosaic Investors, LLC**
Filing Type: **Limited Liability Company - Domestic**
Formation/Qualification Date: **03/15/2017**
Status: **Active**
Duration Term: **Perpetual**
Business County:

Control #: **893961**
Date Formed: **03/15/2017**
Formation Locale: **TENNESSEE**
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Antioch- Mosaic Investors, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 025209628