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### COVER LETTER

TO: Registration Section Division of Corporations	
The Haven at Brianwood, LLC SUBJECT:	
	of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to t	
Steven M. Querin	
	Name of Person
Johnson Smith Hibbard and Wildman La	w Firm, LLP
	Firm/Company
PO Drawer 5587	
	Address
Spartanburg, SC 29304	
City lsimmons@johnsondevelopment.net	/State and Zip Code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
Steven M. Querin	864 582-8121 at ( )
Name of Contact Person	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 & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 695/690, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limiter Liability Company, must include "Limiter Liability Company," "LLC." 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," "LLC." or "LLC."  2 South Carolina (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  (Date first bansacted business in Florida, if prior to registration.)  (See sections 905.0904 & 605.0905, F.S. to determine panalty liability)  5 100 Dumber Street, Suite 400  Spartanburg, SC 29306  (Street Address of Principal Office)  FO Box 3524  Spartanburg, SC 29304  (Mailing Address)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  Florida  (City)  (City)  Florida  133324  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Company and determined liability company or the place string been named as registered agent and to accept service of process for the above stated limited liability company or the place assignated in this application, I hereby accept the appointment as registered agent and contacts in this liability company or the place	FILED
Comparable   Com	FILED
[Junisdiction under the law of which fereign limited hability (FEI number, if applicable)  [Junisdiction under the law of which fereign limited hability (Open company is organized)  [Quate first transacted business in Florida, if prior to registration.]  [See sections 505.0904 & 605.0905, F.S. to determine panalty liability)  [Spartanburg, SC 29306]  [Spartanburg, SC 29306]  [Spartanburg, SC 29304]  [Mailing Address]  [Mailing Address]  [Mailing Address]  [Mailing Address]  [Comporation System]  [Comporation System]  [Comporation System]  [Comporation System]  [Composition System]  [Comp	THE TOTAL STREET
(Date first bansacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  Spartanburg, SC 29306  Spartanburg, SC 29306  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  Name: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (City)  (FEl number, if applicable)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (One of the first bansacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	: FILED
(Date first transacted business in Florida, if prior to registration.) (See sections 505.0904 & 605.0905, F.S. to determine penalty liability)  Spartanburg, SC 29306  Spartanburg, SC 29306  (Street Address of Principal Office)  Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  Florida  (City)  Florida  33324  (City code)	FILED
(Street Address of Principal Office)  Spartanburg, SC 29304  (Street Address of Principal Office)  Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  Florida  (City)  Florida  (Zip code)  (Zip code)	FILED
Spartanburg, SC 29306  (Street Address of Principal Office)  Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  egistered agent's acceptance: (City) (Zip code)	FILED
Spartanburg, SC 29306  PO Box 3524  Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  Plantation  (City)  Florida 33324  (Zip code)	FILEU
Spartanburg, SC 29304  Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  (City)  (City)  (Street Address of Principal Office)  Florida 33324  (City)  (C	T. C.
Spartanburg, SC 29304  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  Florida 33324  (City)  (City)  (Zip code)	FILE
(Mailing Address)  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  (City)  Florida 33324  (Zip code)	T. (F.)
(Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  (City) Florida 33324  (Zip code)	
Name: Cl' Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  egistered agent's acceptance: (City) (Zip code)	C
Name: Cf Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  Registered agent's acceptance: (City) (Zip code)	-
Plantation . Florida 33324  (City) (Zip code)	
egistered agent's acceptance:  (City) , Florida 33324  (Zip code)	
egistered agent's acceptance:  (City)  (Zip code)	
aving been named as secious de designant de la	
- Chairful and to accept envise of	
esignated in this application, I hereby accept the appointment of process for the above stated limited liability company at the place	
TO THE PROPERTY OF ALL DESCRIPTION OF ALL DESCRIPTI	
ccept the obligations of my position as registered agent.	
Planoskitter ast Service In	
(Registered agent's signature)	
fartin Karol as Vice President of National Safe Harbor Exchanges, the Sole Member of	
he Haven at Briarwood, LLC and Dan C. Breeden, Jr. as Secretary & Treasurer of Johnson	
evelopment Associates, Inc., the Project Manager	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the	
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath	
Simulation of the state of the	
Signature of an authorized person	
is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information be benefit of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Martin Karol, Vice President of National Safe Harbor Exchanges, Sole Member of The Haven of Brian	لمدررم

Typed or printed name of signee

### The State of South Carolina



### Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

#### THE HAVEN AT BRIARWOOD, LLC.

a limited liability company duly organized under the laws of the State of South Carolina on November 17th, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of February, 2018.

Mark Hammond, Secretary of State