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From:

Account Name

: BURR & FORMAN LLP

Account Number : 119990000278

Fax Number

: (407)540-6600 : (407)540-6601

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Foreign Limited Liability Company Centennial Lakehouse, LLC

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COVER LETTER

TO:	Registration S Division of Co		· 5				
SUBJ	Centennia	l Lakehous	se, LLC				
SUBJ	EC1:		Name of I	Limited Liability C	Company		
						nsact Business in Florida," C company to transact busines	
Please	return all corresp	ondence c	oncerning this matter to the	following:			
	Lori 1	Гipson					
			N	ame of Person			
	Burr	& Forman	LLP				
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	201 N	l. Franklin	Street, Suite 3200				
				Address	-,·		
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For fu	rther information	concerning	this matter, please call:				
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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:

	mic subspect for the purpose of transacting lausmost in Flo	orlds. The sharmeto sense must include "Lenited Lieblity Company," "L.L.C." or "L
Delaware		3
(Jurisiliction under the law of 1sh	icls furnign familied hisbidy company (a proposized)	(FCI number, if applicable)
N/A		
	(Dute first treatageed burnings in Florids, If prior to (Son sections 605,0904 & 605,0905, F.S. to determ	regizerator.) siste persalty liability)
3348 Peachtree Road N		5 3348 Peachtree Rond NE, Suite 1000
(Sirect Address of P		(Mailing Address)
Atlanta, GA 30326		Atlanta, GA 30326
		NOT
Anme and street addres	s of Florida registered agent: (P.O. Box	(NOT acceptable)
Name:	CT Corporation System	
Office Address;	1200 South Pine Island Road	·
Childe Manage	Plantation	37234
	Plantation (City)	, Florida 33324 (Zip tode)
ring been named as re gnated in this applica omply with the provisi	gistered agent and to accept service of tion. I hereby accept the appointment of	process for the above stated limited liability company at as registered agent and agree to act in this capacity. I full rand camplete performance of my duties, and I applicant
signated in this upplica comply with the provisi d accept the obligation:	gistered agent and to accept service of tion, I hereby accept the appointment of lons of all statutes relative to the prope	ns registered agent and agree to act in this capacity. I full rand camplete performance of my duties, and I aftifantion is signature. M. E. Jones, Asst. Sec'y.
ving been named as re ignated in this upplica comply with the provisi i accept the obligation: The name, title or capt	gistered agent and to accept service of tion, I hereby accept the appointment of lons of all statutes relative to the proper s of my position as registered agent. (Registered agent active and address of the person(s) who hereby	ns registered agent and agree to act in this capacity. I fair and complete performance of my duties, and I affigure a signature) M. E. Jones, Asst. Sec'y. Ans/inve authority to manage is/are:
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CENTENNIAL LAKEHOUSE, LLC, a Delaware limited liability company

By: Centennial Real Estate Fund V, LP a Delaware limited partnership Its Manager and Member

By: Centennial Real Estate Fund V GP, LLC
a Delaware limited liability company
Its General Partner

By: Centennial Holding Company, LLC a Georgia limited liability company Its Manager/Member

By: Centennial Investment Properties LLC a Georgia limited liability company its Manager

By-

W. Porter/Payne, Jr., Its Manager

MIROCT 15 MII: 29
SECRETARY OF STATE
SECRETARY OF STATE

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CENTENNIAL LAKEHOUSE, 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 ELEVENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTENNIAL LAKEHOUSE, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2018.

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

7093064 8300

SR# 20187090006

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffery W. Malage . Sucredary of State

Authentication: 203590574

Date: 10-11-18