07:50 2 061 18 12/28/2018 638 12/26/2018

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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.

(((H180003633673)))



H180003633673ABC4

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)617-6383	
From:	Account Name : CATER MULTIFAMILY Account Number : 1201700000093	
	Phone : (813)316-4311 Fax Number : (813)287-0397	か 二 2

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 CMF 2626 Park, LLC

Certificate of Status	l
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00



Electronic Filing Menu Corporate

Corporate Filing Menu

2018 DEC 2.9 AM 11: 5.5

07:50 AM PST

ŝ

DEC 28

H18000363367.3

COVER LETTER

TO: **Registration Section**

Division of Corporations

CIND IRCEP.	CMF 2626 PARK, LLC
SUBJECT:	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:

LISA A. DRUMMOND

Name of Person

CARTER MULTIFAMILY

Firm/Company

4890 W KENNEDY BLVD., SUITE 825

Address

TAMPA, FL 33609

City/State and Zip Code

DELLIOTT@CARTERFUNDS.COM

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

For further information concerning this matter, please call:

DEMI ELLIOTT	at () Area Code	679-5052 Daytime Telephone Number
Name of Contact Person	Area Code	Daytime relephone Number
MAILING ADDRESS:	s	TREET ADDRESS:
Division of Corporations		Division of Corporations
Registration Section		egistration Section
P.O. Box 6327	C	lifton Building
Tallahassee, FL 32314		661 Executive Center Circle
rananassee, r e 52514	1	aljahassee, FL 32301

Enclosed is a check for the following amount: □ \$130.00 Filing Fee & 🖾 \$125.00 Filing Fee

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

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

H18000363367.3

			H18000363367 3
APPLICATION BY FOR	EIGN LIMITED LIABILITY COMP IN FLO		N TO TRANSACT BUSINESS
/ COMPLIANCE WITT SECTIO OMPANY TO TRANSACT BUSI	ON 605 0902, FLORIDA STATUTES, THE FOI NESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGIS	TER A FORFIGN LIMITED LIABILITY
CMF 2626 PARK,			
(Name of Foreign Lit	mited Liability Company; must include "Limited I	Liability Company," "LL C.," or "LLC.")
fname unavailable, enter alternate num	e adapted for the purpose of transfering business in Florid	a The alternate name must include "Limited Li	ability Company," "L.L.C." or "LLC.")
DELAWARE		3. 83-2558721	
(Jurisduction under the law of which	h foreign limited liability company is organized)	(FEL quan	nber, if applicable)
NOVI	EADER 2018		
·	(Date first transacted business in Florida, if prior to rep (See sections 605 0904 & 605 0905, F.S. to determine	penalty liability)	
4890 W KENNEDY BI		4590 W KENNEDY BLVD, S	
(Street Address of Prin TAMPA FL 33609	acipal Office)	(Muiling Ad TAMPA FL 33609	dies9)
. Name and street address	of Florida registered agent: (P.O. Box)		
Name:	COPORATION SERVICES COMPA	NY	28
Office Address:	1201 HAYS STREET		
Ginee Address.			
	TALLAHASSEE	, Florida (Zep in	
Registered agent's accepts	nce:		2 N
laving been named as reg	istered agent and to accept service of p on, I hereby accept the appointment as	rocess for the above stated limite	ed liability company at the place
esignated in this application of common with the provision	on, Thereby accept the appointment as ns of all statutes relative to the proper o	ind complete performance of my	y duties, and I am familiar with
nd accept the obligations	of my position as registered agent.	Deb Reeves	
	A len	Assistant Vice Pr	esident
-	(Registered agent's si		
8. The name, title or capac	ity and address of the person(s) who has	Anave authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CEO	CYNTHIA PFEIFER	<u> </u>	<u>_</u>
	4890 W KENNEDY BLVD # TAMPA EL 3360	825	
			~
C00	LISA A DRUMMOND		<u></u>
	4890 W KENNEDY BLVD #	825	
	<u></u>		
(Use attachments if necessa	arv)		

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.

And ball				
Signature of an authorized person				
LISA A DRUMMOND				

Typed or printed name of signee

07:50 AM PST

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMF 2626 PARK, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2018.

H18000363367-3



ettrey to Bullach, Secretary of State

Authentication: 203923128 Date: 11-16-18

7134394 8300

SR# 20187695522 You may verify this certificate online at corp.delaware.gov/authver.shtml 07:50 AM PST .J-617-6381



December 27, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

CATER MULTIFAMILY

SUBJECT: CMF 2626 PARK, LLC REF: W18000110103

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Lee Yarbrough Senior Section Administrator

FAX Aud. #: H18000363367 Letter Number: 718A00026381

P.O BOX 6327 - Tailahassee, Florida 32314

З