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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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From:

Account Name : NRIAT SERVICES, LLC
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Phone : (302) 674-4089
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Email Address: largall@hollandhart.com

Foreign Limited Liability Company
LAKEWOOD VILLAGE MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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2019 FEB -8 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/08/2019 14:35 FAX 3026745288
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2/8/2019 10:33:27 AM PAGE 1/001 Fax Server

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February 8, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: LAKEWOOD VILLAGE MANAGEMENT LLC
REF: W19000012652

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H19000045045
Letter Number: 719A00002750

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. LAKEWOOD VILLAGE MANAGEMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(PII number, if applicable)
4. upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 302 Knights Run Avenue, Ste. 1108
(Street Address of Principal Office)
Tampa, FL 33602
6. 302 Knights Run Avenue, Ste. 1108
(Mailing Address)
Tampa, FL 33602

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

Name: NRAI Services, Inc.

Office Address: 1300 South Pine Island Road

Plantation, Florida 33324
(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.

By: NRAI Services, Inc. Stephanie Waller, Stephanie Waller Assistant Secretary
(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:
MGR	MHC Management Services, LLC, 302 Knights Run Ave Ste. 1108 Tampa, FL 33602		

(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.

Mark J. Sullivan
Signature of an authorized person
Mark J. Sullivan
Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKEWOOD VILLAGE MANAGEMENT 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 SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKEWOOD VILLAGE MANAGEMENT LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2019.

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

FILED
2019 FEB - 8 AM 9:25
SECRETARY OF STATE
DELAWARE



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SR# 20190806660

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State.
Jeffrey W. Bullock, Secretary of State

Authentication: 202218955

Date: 02-07-19

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