

HI90001511533Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (350) 617-6383

From:

Account Name : HRAI SERVICES, LLC
Account Number : 120080000104
Phone : (302) 674-4080
Fax Number : (302) 674-5266

****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
FRIENDSHIP VILLAGE MHC LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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MAY 8 2019

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

H190001511533

**IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA**

1. **FRIENDSHIP VILLAGE, LLC**

(Name of Foreign Limited Liability Company must include Florida Limited Liability Company, "LLC" or "LLC")

2. **State of Florida** (Name of state in which company is organized) (The following are the names of the states in which the company is organized: Florida, Georgia, Alabama, and South Carolina)3. **Delaware**

(Name of state in which company is organized)

4. **upon filing**

(Date and time of filing of this application with the Department of Banking and Finance)

5. **302 Knights Run Avenue, Ste. 1108**

(Street address of Foreign company)

Tampa, FL 33602

6. **302 Knights Run Avenue, Ste. 1108**

(Street address of Foreign company)

Tampa, FL 33602

7. **Name and street address of Florida registered agent (P.O. Box NOT acceptable)**Name: **SRAL Services, Inc.**Office Address: **1200 South Pine Island Road**

Plantation

Florida 33324

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 **SRAL Services, Inc.**

(Signature of registered agent)

Stephan Wallo, Stephanie Wallo
ASSISTANT SECRETARY

8. **The name, title or capacity and address of the person(s) who has/have authority to manage (enter)****Title or Capacity:****Name and Address:****Title or Capacity:****Name and Address:**

MGR

MGR Management Services

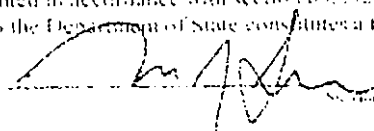
1108 302 Knights Run Ave

Ste. 1108 Tampa, FL 33602

9. **Use attachment (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 605.020(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. 812.155, F.S.



Mark J. Sullivan

(Signature of person executing document)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRIENDSHIP VILLAGE MHC 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 SECOND DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRIENDSHIP VILLAGE MHC LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2019.

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

2019 MAY -7 A 3:07 PM
RECEIVED



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SR# 20193447594

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202750784

Date: 05-02-19

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