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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (302) 617-6392

From:

Account Name : NRI SERVICES, LLC
Account Number : 120090000304
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: janie@sommit-communities.com

**Foreign Limited Liability Company
RIDGECREST MHC LLC**

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

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MAY - 8 2019

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

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IN COMPLIANCE WITH SECTION 065.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO THE STATE OF FLORIDA FOR THE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. RIDGECREST MHC LLC

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

State of incorporation, organization, or formation of the company (must include "State of Florida" if the company is organized in Florida. The designator must include "Limited Liability Company" or "LLC" if the company is organized in Florida.)

3. Delaware

Designation under the law of which the company is formed (must include "Delaware")

1. Company's principal office

4. upon filing

Name of the principal office in Florida (must include "Florida")

5. 302 Knights Run Avenue, Ste. 1108

City or town, county and state

Tampa, FL 33602

6. 302 Knights Run Avenue, Ste. 1108

City or town, county and state

Tampa, FL 33602

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

Name: NRI 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: NRI Services, Inc.

Stephane Wells, Stephanie Wallis
Assistant Secretary

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 065.023(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.817.135, F.S.

Mark J. Sullivan

Signature of the authorized person

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIDGECREST 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 "RIDGECREST 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.



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SR# 20193447594

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202750789

Date: 05-02-19

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