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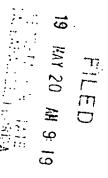
(Requestor's Name)
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O SIMMONS WAY 21 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 772644 7559829

AUTHORIZATION : Smell blesson

COST LIMIT : \$C160/00

ORDER DATE: May 17, 2019

ORDER TIME : 8:14 AM

ORDER NO. : 772644-005

CUSTOMER NO: 7559829

FOREIGN FILINGS

NAME: STEELE CREEK MESA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

TO: Registration Section

Divi	ision of Corporations	1											
SUBJECT:	Steele Creek Mess, L	LC											
		Name of Limi	ited Liability	Сотрапу									
The enclosed Existence, an	l "Application by Fore ad check are submitted	ign Limited Liability Company to register the above reference	for Authoriza d foreign limi	ation to Transact I ted liability comp	Business in Florida," Ce any to transact business	rtificate of in Florida.							
Please return	all correspondence co	ncerning this matter to the follo	owing:										
	Rebecca Monzi,	Esq.											
	Name of Person												
Firm/Company 5335 Wisconsin Avenue NW, Suite 600 Address													
								Washington, DC	20015				
									City/State	and Zip Code)		
								rmonzi@dclawfirr	n.com				
		E-mail address: (to be used for	future annua	report notification	n)								
For further in	formation concerning	this matter, please call:											
Reb	pecca Monzi	at	202	872-0800									
	Name of	Contact Person	Area Code	Daytime To	elephone Number								
Divi Regi P.O.	ision of Corporations istration Section Box 6327 ahassee, FL 32314			STREET ADDI Division of Corr Registration Sec Clifton Building 2661 Executive of Tallahassee, FL	orations tion Center Circle								
Encl	losed is a check for the	following amount:	·										
	se make check payable \$125.00 Filing Fee	to: FLORIDA DEPARTME \$130.00 Filing Fee &	_		=								
·	i ning rec	Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing Fee, of Status & Certific								

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	rids. The alternate same must include "Limited Liability	Company," "L.L.C," or "LLC."	
lware		84-1793304 3.		
uradiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)		
 -				
	(Dute first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, P.S. to detami	registration) on penalty liability)		
Business Park Dr		168 Business Park Drive, Suite 200		
(Street Address of	rincipal Office)	6(Mailing Address)		
irginia Beach, Virginia 23462		Virginia Beach, Virginia 23462		
			- 6	
			<u> </u>	
ne and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	1 20	
	, ,		3	
Name:	Corporation Service Company		ي ::	
Name:			- in - 0	
	1201 Hays Street		, <u>u</u>	
Office Address:				
Office Address:	Tallahassee	3 23 01		
Office Address:	Tallahassee (City)	, Florida	_	
	(Cty)		_	
ered agent's accep	(Cty)	, Florida (Zip code)	hilliv company at the	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address; Steele Creek Mesa Name: 8599 AC Skinner Parkway ☐ Member Address: ☐ Member Address: ____ Jacksonville, Florida Authorized Authorized Todd A. Copeland Person Person Other_ Other____ Other Other____ Manager Manager Manager Name: ☐ Member Address: _____ ☐ Member ■Authorized ■ Authorized Person Person Other_ Other_ Other_ Other ■ Manager Name: _____ Manager Name: ☐ Member Address: _____ ☐ Member Address: ____ Authorized Authorized Person Person Other Other_ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Todd A. Copeland

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STEELE CREEK MESA, 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 SEVENTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEELE CREEK MESA, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2019.

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

Authentication: 202844632

Date: 05-17-19

7422658 8300 SR# 20194051938