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Z BROWN MAY 2 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 772644 7559829

AUTHORIZATION :

COST LIMIT : \$ 160 960 €

ORDER DATE: May 17, 2019

ORDER TIME : 8:14 AM

ORDER NO. : 772644-010

CUSTOMER NO: 7559829

FOREIGN FILINGS

NAME: STEELE CREEK ARBOR, 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:

		COVE	RLETTER				
	gistration Section vision of Corporation	ı .					
SUBJECT:	Steele Creek Arbor,	LLC					
		Name of Lim	ited Liability	Соптранту	TADDRESS: of Corporations ion Section suiding coutive Center Circle see, FL 32301		
The enclose Existence, a	d "Application by Fore and check are submitted	ign Limited Liability Company to register the above reference	for Authoriza d foreign limi	ition to Transact ted liability com	Business in Florida," Certificate of pany to transact business in Florida.		
Please return	n all correspondence co	encerning this matter to the foli	owing:				
	Rebecca Monzi,	Eaq.					
		Name	of Person				
	Friedlander Mis	ler, PLLC					
		Firm	Соптрелу	-			
	5335 Wisconsin Avenue NW, Suite 600						
		A	ddress	·			
	Washington, DO	20015					
		ngton, DC 20015 City/State and Zip Code					
	rmonzi@dclawfir	m.com					
		E-mail address: (to be used for	future annua	report notificati	on)		
For further i	information concerning	this matter, please call:					
Re	ebecca Monzi		202	872-0800			
	Name of	Contact Person	Area Code	Daytime 1	Telephone Number		
	AILING ADDRESS:			STREET ADI	DRESS:		
Division of Corporations				Division of Corporations			
	gistration Section D. Box 6327			Registration Se			
	liahassee, FL 32314			Clifton Buildin	•		
				Tallahassee, FI			
	closed is a check for the	e following amount: e to: FLORIDA DEPARTME	NT OF STA	me			
	\$125.00 Filing Fee	\$130.00 Filing Fee &			= • =		
	ATTO NA LHEIR LOC	Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing Fee, Certificate of Status & Certified Conv		

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:

to unavailable, exter alternate	name adopted for the purpose of transacting business in	Florida. The etc	route curse most include "Limited Linkslity Corr	many." "L.L.C," or "LLC.")			
claware			84-1 <i>7</i> 93304	,			
(Juradiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)				
	(Date that transacted business in Florida, if prior (See sections 605.0904 & 605.0905, P.S. to deter	to registration.)	bility)				
168 Business Park Drive, Suite 200 (Stood Address of Principal Office)			68 Business Park Drive, Suite 20	00			
			(Making Address)				
Virginia Beach, Virgin	nia 23462	,	/irginia Beach, Virginia 23462				
		_		PAD ELD			
Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)	A Y 20			
Name:	Corporation Service Company			AH 10			
Office Address:	1201 Hays Street			26			
	Tallahassee		32301 . Florida				
	(City)		(Zip code)				
gnutes in this applica Oniply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment lons of all staffites relative to the prope to of my position as registered agent.	as register	ed course and corner to and in this	non-alt. F.C. 41			
	· v) ···· ; pvolpun us regimered aveal.						
	10		Lydia Cohen Asst. Vice President				

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 Canacity: Name and Address: Title or Canacity: Name and Address: Name: Steele Creek Arbor Manager Name: 8599 AC Skinner Parkway Member Address: Jacksonville, Florida Authorized Authorized Todd A. Copeland Person Person ☐ Other Other____ Other_ ☐ Other Manager Name:____ Manager Name: _____ Member Address: Member Address: ___ ☐ Authorized Authorized Person Person Other_ Other_ Other Manager Name: ____ Manager | 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 same of signer

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STEELE CREEK ARBOR, 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 ARBOR, 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: 202844631

Date: 05-17-19