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12122023573 From, Kimberly Laughrey

6/5/2019

Division of Corporations

## Florida Department of State

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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338
Fax Number : (954)288-2947

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## Foreign Limited Liability Company **BREEZY HILL 2007, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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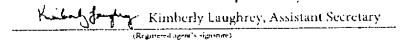
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, euer aitemale m	inse silepted for the purpose of transcring business in I	lore ta. The alternate name must include "Lenited I	Liebday Company," "L.F.C," or "LLC")
Delaware		3.	
(Jurichets or under the ESS of wh	ach foreign husted liability commany is regardered)	3Girling	ariber, if applicable;
·	(Date first transacted business in Florida, if print (No. sections 605 090) & CC5,0905, F.S. to deter	०६८हान्य ज्ञात्मा }	
			, Prote
534 Ponte Vedra Book		PO Box 508	<u>馬</u>
(Surger Arkiress of F	rincipal ( Hisca)	(Mailing A	uddress)
Ponte Vedra Beach, Fl.	. 32082	Mason, OH 45040	7 7Z
			3
			··· · · · ·
Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	10 to
			·
	C T Corporation System		
Name.	-	·	
	1200 South Pine Island Road		
6.05			
Office Address:		33324	

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.

C.T. Corporation System



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:
Manager	Name: Brendon Hansford	Manager	Name:	
□Member	Address: 534 Ponte Vedra Boulevard	Member	Address:	
Authorized	Ponte Vedra Beach, FL 32082	Authorized		
Person		Person		· · · · · · · · · · · · · · · · · · ·
Other	Other	Other	<del></del>	Other
□Manager	Name:	Manager Manager	Name:	23
Member	Address:	☐ Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	<u> </u>	
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 authenricated 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.

Brad	a Nite-
······································	Signature of \$5 authorized person
Brendon Hansford	
	Typical or printed inside of signer



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREEZY HILL 2007, 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 EIGHTEENTH DAY OF APRIL, A.D. 2019.

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

Authentication: 202669753

Date: 04-18-19