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2019-07-11 14 54:30 CST

12122023573 From: Kimberly Laughrey

7/11/2019

Division of Corporations

Florida Department of State

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Foreign Limited Liability Company 909 1340 Concord, LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
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JUL 1 2 2019

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

IN COMPLIANCE WITH SECTION (05/002) FLORIDA STATUTEN THE FOLLOWING IS NURMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT IN SINESS IN THE STATE OF FLORIDAY

anne mavallable, enter alternate n.	anic adopted for the purpose of transacting business in i	Horida. The alternate mane must undude "Eminted Endnith Com-	pasty, "Life," or life	
Delaware		3		
(जिल्लाकेट्सामा भागतिक मेल किया वर्ष को	high Rivinga bouted liability company is organized,	2177 minibar d'appai	rentido)	
7/11/2019				
	Thate first time sected business in Florida, if priva- thee scellages 6.95 (98) \$ 605,9905, F.S. to date	to registration.) remine penalty hability)		
999 Waterside Drive, Suite 2300		999 Waterside Drive, State 2300		
Canad Addices of F	Concept Offices	Ó (Mashing Address)		
Norfolk, VA 23510		Nerfolk, VA 23510		
			325 Hal	
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Mame and <u>sueet aggres</u>	ss of Florida registered agent (P.O. B) C.T. Corporation System	va <u>vari</u> ncepuner	1 12 12 12 12 12 12 12 12 12 12 12 12 12	
Name				
Name Office Address:	1200 South Pine Island Road			
		, Florida (Zip iede)		

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	<u>:</u>	Name and Address:
Manager	Name: Thomas Richard Litton, Jr. 999 Waterside Drive, Suite 2300,	Manager	Name:	
☐Member	Address: Norfolk, VA 23510	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		[]Other
Mimager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	JE -
Authorized		Authorized		· 神 - 下
Person		Person		<u> </u>
Other	Other	Other		Other C
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Cho.	Other	Other		Other

- 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 translation 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.\$17,155, F.S.

	N
	Signature of an authorized person
Thomas Richard Litton, Ir.	
	[Mail or nonted name of some



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "909 1340 CONCORD, 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 NINTH DAY OF JULY, A.D. 2019.

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

Authentication: 203177555

Date: 07-09-19