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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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Foreign Limited Liability Company Third Avenue at St Petersburg LLC

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

IN COMPILANCE WITH NECTION 605 6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Nume of Foreign	Imited Liability Company; must include "Limited	Liapilits	Company, "I. L.C.," or "LLC.!")				
Fresche unstablidite, enter ulumissie ris	one adopted for the property of wanterning business in Flor	ids The of	emote tain a train mediate "Limited Liability	Company," "L.	.C," ar "LLC	`."}	
DELAWARE		3,	84-2148306 /FF) auniber, il				
(harisdiction under the law of edi	ich fie oga finnled lishday company is organized)		(FII) auniber, il	applicable)			
	(Date that transacted besides in Florida, if prior to r (See sections 605,0904 & 905 0905; F.S. in determine	egutration te pen stry	y (mariles)	_ _			
2901 BUTTERFIELD RD.			2901 BUTTERFIELD RD.				
(Savet Address of P	Principal Ciboc)		6. (Nining Allikess)				
OAK BROOK, IL 605.	23	OAK BROOK, IL 60523					
			· •				
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	cceptable)		201		
Name;	CT CORPORATION SYSTEM			; ,	2019 JUL 3		
Office Address:	1200 SOUTH PINE ISLAND ROAD			:	B AM		
	PLANTATION		33324 , Florida	<u> </u>	= :5		
	(City)		(Np code)	1 ;	ည်		

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.

Stephanie Boehm - Assistant Secretary

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: Manager Member Authorized Person Other	Name and Address: ANTHONY A. CASACCIO 2901 BUTTERFIELD RD. Address: OAK BROOK, IL 60523 (PRESIDENT)	Title or Capacity: Manager Member Authorized Person Other	Name and Address: THOMAS LITHGOW 2901 BUTTERFIBLD RD. Address: OAK BROOK, IL 60523 (CHEF OPERATING OFFICER)
☐Manager ☐Member ☐Authorized Person ☐Other	Name: DAVID HOWAT Address: 2901 BUTTERFIELD RD. OAK BROOK, IL 60523 (VICE PRESIDENT/SECRETARY)	Manager Member Authorized Person Other	Name: ROBERT N. FONTAINE, JR. Address: 2901 BUTTERFIELD RD. OAK BROOK, JL 60523 (TREASURER)
☐Munager ☐Member ☐Authorized Person ☐Other	Name: JOHN BROWN Address: 2901 BUTTERFIELD RD. OAK BROOK, IL 60523 (SENIOR VICE PRESIDENT)	Manager Member Authorized Person Other	THIRD AVENUE AT STPETERSBURG MANAGER LLC M

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 outlody 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.

Signature of an authorized person JOHN BROWN, SENIOR VICE PRESIDENT Typed or printed name of signes



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THIRD AVENUE AT ST PETERSBURG 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 TWENTY-FOURTH DAY OF JULY, A.D. 2019.

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

7335439 8300 SR# 20196141595



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Date: 07-24-19

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