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B KINSEY

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 870228 4304

AUTHORIZATION:

COST LIMIT : \$ 160.00

ORDER DATE : August 2, 2019

ORDER TIME : 9:09 AM

ORDER NO. : 870228-005

CUSTOMER NO: 4304847

FOREIGN FILINGS

NAME: ACKERMAN LAKELAND LAND LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Ackerman Lakeland	Land LLC					
oobbact.		Name of Limited Liability Company					
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Compar d to register the above reference	y for Authoriz ed foreign lim	zation to Transactited liability com	Business in Florida," C pany to transact busines	ertificate of s in Florida	
Please return	all correspondence c	oncerning this matter to the fol	llowing:				
	Evan Ziegler						
		Name of Person					
	Ackerman & Co	o.					
		Firm	/Company	· · · · · · · · · · · · · · · · · · ·			
	10 Glenlake Par	kway, South Tower, Suite 100					
	, <u> </u>						
Existence, and Please return a Evan MAIL Division Registe P.O. B Tallaha	Atlanta, Georgia	a 30328					
		City/State	and Zip Code				
	eziegler@ackenn						
		E-mail address: (to be used fo	r future annua	l report notificati	on)		
For further info	ormation concerning	this matter, please call:					
Evan	Ziegler	a	770 t (913-3927			
	Name of	Contact Person	Area Code	Daytime 7	elephone Number		
Divisi Regisi P.O. E	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations ction 3 Center Circle		
Enclos Please	sed is a check for the make check payable	e following amount: c to: FLORIDA DEPARTME	ENT OF STA	ΤE			
□ sı	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing Fee, of Status & Certifie		

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	onda The	alternate name must include "Limited Liabilit	y Company," "	L L C," or "L		
Delaware			84-2508461				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	٠.	(FEI number, if applicable)				
N/A							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	n) tiability)	_			
10 Glenlake Parkway (Street Address of Principal Office)			10 Glenlake Parkway (Maihng Address)				
							South Tower, Suite 1000
Atlanta, Georgia 30328			Atlanta, Georgia 30328				
Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)				
Corporation Service Company Name:				÷_	2019 AUG		
Office Address:	1201 Hays Street			.	2		
	Tallahassee	<u> </u>		<u>;</u>	AH II: 0		

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.

Composition Service Company

By: (Registered agem's signature)

Roxanne Turner 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 Capacity: Name and Address: Title or Capacity: Name and Address: Name: Ackerman Lakeland JV LLC Manager Manager Manager Name: _____ Address: _____10 Glenlake Parkway Member Member Address: ______ South Tower, Suite 1000 Authorized Authorized Atlanta, Georgia 30328 Person Person Sole Member
Other_ Other Other_ Other Manager Name: _____ Manager Manager Name: Member Address: ____ Member Address: _____ Authorized Authorized Person Person Other Other____ Other___ Other Manager Name: _____ Manager Name: Member Address: Member Authorized Authorized Person Person 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. Thomas L. Carlton

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ACKERMAN LAKELAND LAND 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 SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACKERMAN LAKELAND LAND LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2019.

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



Authentication: 203341450

Date: 08-02-19