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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 941463 4346784

**\$** ( )

AUTHORIZATION :

COST LIMIT : \$ 125\.00

ORDER DATE: October 2, 2019

ORDER TIME : 1:20 PM

ORDER NO. : 941463-005

CUSTOMER NO: 4346784

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: POMPANO PARK JV NORTHWEST

CORNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporations						
SUBJECT:	POMPANO PARK JV NORTHWEST CORNER, LLC						
SOLUCI.	Name of Limited Liability Company						
		Limited Liability Company register the above referenced					
Please return	all correspondence conce	rning this matter to the follo	owing:				
	Devin Kitchelt						
	Name of Person						
	Pompano Park JV Northwest Corner, LLC						
	601 E. Pratt Street, (						
		Address					
	Baltimore, MD 21202						
		City/State	and Zip Code				
	dkitchelt@cordish.co	m					
	E-r	nail address: (to be used for	future annual	report notifica	tion)		
For further in	nformation concerning this	s matter, please call:					
De	vin Kitch <del>e</del> lt	at	410	752-5444			
	Name of Co	•	Area Code	Daytime	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	losed is a check for the fo ase make check payable to	llowing amount: : FLORIDA DEPARTME	NT OF STA	TE			
		\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing I of Status & Cert		

# 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:

(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	Company, ""L.L.C.," or "LLC.")		
l'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The al	ternate name must include "Limited Liability Company,	," "1L C," or "LLC."	
Delaware		_			
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	3. (FEI number, if applicable)			
N/A					
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	) inbility)		
251 Little Falls Drive		4	601 E. Pratt Street, 6th FL		
(Street Address of F	rincipal Office)	0.	(Mailing Address)		
Wilmington, DE 19808		Baltimore, MD 21202			
			Attn: General Counsel	20	
Name and street addres	s of Florida registered agent: (P.O. Bo	NOT:	ccentable)	20 B OCT	
<u></u>	2011 101102 10B1310100 10B01111 (1.101 D0)	· <u>1397</u> ·	acopiacity	-2	
Name:	Corporation Service Company			AH	
Office Address:	1201 Hays Street			AM II: 34	
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		

### 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.

Roxanne Tumer

Corporation Service Company

(Registered agent's signature)

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:

Name and Address:

Title or Capacity:  ☐Manager  ☐Member  ☐Authorized  Person  ☐Other	Name and Address:  Name: Devin Kitchelt  Address: 601 E. Pratt Street, 6th FL  Baltimore, MD 21202	Title or Capacity:  Manager  Member  Authorized  Person  Other	Name:						
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other							
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other			2019 CCT - 2 JH III: 34				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.									



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

DELAWARE, DO HEREBY CERTIFY "POMPANO PARK JV NORTHWEST CORNER, 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 OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POMPANO PARK JV NORTHWEST CORNER, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE,

A.D. 2019.

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

Authentication: 203709179

Date: 10-02-19