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00001				Name of	Limited Lia	bility	Company			_	
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		srepak@csere.com								,	
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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 adopted for the purpose of transacting business in Flo	lorida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC
North Carolina		3. 83-0765155至日 昌
(Jurisdiction under the law of w	hich (oreign limited liability company is organized)	(FEI number, if applicable) SEP 19
	(5)	· · · · · · · · · · · · · · · · · · ·
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)
121 W. Trade Street S		o registration.) nine penalty tiability) 121 W. Trade Street Suite 2550
(Street Address of	Principal Office)	(Mailing Address) シロ ひ
Charlotte NC 28202		Charlotte NC 28202
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	(NOT acceptable)
Name:	CT Corporation System	
Office Address:	1200 S. Pine Island Road	
	1200 S. Pine Island Road Plantation	33324 , Florida

(Registered agent's signature)

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: Name and Address; Title or Capacity: Name and Address: Name: Timothy B. Sittema Name: Peter B. Pappas Manager Manager Address: ______ 121 W. Trade Street Member Address: ☐ Member Suite 2550 = Suite 2550 Authorized Authorized Charlotte NC 28202 Charlotte NC Person Person Other_ Other Other_ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other Other Manager Name: Member Address: _____ Member Address: Authorized Authorized Person Person 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 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. Signature of an authorized person Timothy B. Sittema

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CSE COMMUNITIES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 13th day of December, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said-limited liability company is not dissolved under the terms of its articles of organization (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of September, 2019.

6 laine I. Marshall

Secretary of State

Certification# 105576072-1 Reference# 15591938- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification