M20000006/65

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900337522489

12/04/19--6100a--00K ++136.00

FILED
201 DEC -4 P B 27
HIGHENSEY OF STATE.

JAN 0 S 2021 T. LEWIEUX

COVER LETTER

Registration Section

Division of Corporations

CUDIECT.	LH Model Four, L	LC				
SUBJECT:		Name of	Limited Liability C	Company		
The enclosed Existence, an	l "Application by Fo nd check are submitt	reign Limited Liability Com ed to register the above refer	pany for Authoriza renced foreign limit	tion to Tr ed liabilit	ansact Business in Florida," Certifity company to transact business in I	icate of Florida
Please return	all correspondence	concerning this matter to the	following:			
	Bobby R. Lyo	ns				
		λ	lame of Person			
	LH Model For	er, LLC				
		 F	irm/Company			
	12540 World I	Plaza Lane, #44				
			Address		· · · · · · · · · · · · · · · · · · ·	
	Fort Myers, Fl	. 33907				
		City/S	State and Zip Code			
	blyons@arhome	s.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For further in	formation concerning	g this matter, please call:				ı
Bob	by R. Lyons		239 at (768-30	003	ļ
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	,
Divi Regi P.O.	ILING ADDRESS; sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: \$\mathbb{\text{\text{\$\mathbb{G}}}}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	c

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 ILLABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ne unavailable, enter alternate	name adopted for the purpose of transacting business in Fic	wida. The alternate name must include "Limited L	isbility Company," "L.L.C." or "LLC."
elawar e		3. 84-3071192	
	hich foreign limited liability company is organized)	(FEI nur	nber, if applicable)
09/17/2019			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ		
12540 World Plaza La	anc, #44	6. 12540 World Plaza Lane,	#44
(Street Address of		(Mailing Ad	dress)
Fort Myers, FL 33907		Fort Myers, FL 33907	
	<u> </u>	<u></u>	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Lyons Housing, LLC		
Office Address:	12540 World Plaza Lane, #44		
	Fort Myers	Elasida 33907	
	(City)	, Florida 33907 (Zip α	ide)
omply with the provis	ntion, I hereby accept the appointment a lons of all statutes relative to the proper is of my position as registered appro-	s registered agent and agree to ac	d liability company at the point in this capacity. I further the duties, and I am familiar
omply with the provis laccept the obligation	lons of all statutes relative to the proper is of my position as registered after (Registered agent)	registered agent and agree to ac and complete performance of my	t in this capacity. I furthe
omply with the provis laccept the obligation	ions of all statutes relative to the proper is of my position as registered after	registered agent and agree to ac and complete performance of my	t in this capacity. I furthe
omply with the provis laccept the obligation The name, title or cap.	acity and address of the person(s) who have and Address: Bobby R. Lyons	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	t in this capacity. I further duties, and I am familiar
omply with the provise accept the obligation The name, title or cap. Title or Capacity:	acity and address of the person(s) who have and Address: Bobby R. Lyons 12540 World Place (ACC)	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	t in this capacity. I further duties, and I am familiar
omply with the provise accept the obligation The name, title or cap. Title or Capacity:	acity and address of the person(s) who have and Address: Bobby R. Lyons	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	t in this capacity. I further duties, and I am familiar
omply with the provise accept the obligation The name, title or cap. Title or Capacity:	acity and address of the person(s) who have and Address: Bobby R. Lyons 12540 World Place (ACC)	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	t in this capacity. I further duties, and I am familiar
omply with the provisit accept the obligation The name, title or cap. Title or Capacity:	acity and address of the person(s) who have and Address: Bobby R. Lyons 12540 World Place (ACC)	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	n this capacity. I further duties, and I am familiar Name and Address:
omply with the provision accept the obligation The name, title or cap. Title or Capacity:	acity and address of the person(s) who have and Address: Bobby R. Lyons 12540 World Place (ACC)	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	Name and Address:
omply with the provise accept the obligation. The name, title or cap. Title or Capacity: Manage	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plazes (ACC) Ft Myers, FL 33	as registered agent and agree to act and complete performance of my and complete performance of my as shave authority to manage is/are: Title or Capacity:	n this capacity. I further duties, and I am familiar Name and Address:
omply with the provision accept the obligation. The name, title or cap. Title or Capacity: Manage e attachments if neces	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plazes (ACC) Ft Myers, FL 33	as registered agent and agree to act and complete performance of my and complete performance of my as/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or cap. Title or Capacity: Manage e attachments if neces ttached is a certificate diction under the law	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plaze (ACC) Ft Myers, FL 33 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of my and complete performance of my as have authority to manage is are: Title or Capacity:	Name and Address:
The name, title or cap. Title or Capacity: Manage e attachments if neces ttached is a certificate diction under the law	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plaze (ACC) Ft Myers, FL 33 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of my and complete performance of my as have authority to manage is are: Title or Capacity:	Name and Address: aving custode of records in tion of the certificate independent of the cer
The name, title or cap. Title or Capacity: Manage Manage ttached is a certificate ediction under the law ne translator must be second.	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plaze (ACC) Ft Myers, FL 33 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	as registered agent and agree to act and complete performance of my and complete performance of my as/have authority to manage is/are: Title or Capacity: duly authenticated by the official he is in a foreign language, a translated by the official he is in a foreign language.	Name and Address: aving custode of records in tion of the certificate information are that any false information.
The name, title or cap. Title or Capacity: Manage Manage See attachments if necessattached is a certificate soliction under the law he translator must be seen.	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plazo (ACC) Ft Myers, FL 33 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	duly authenticated by the official he is in a foreign language, a translated by the official he is in a foreign language, a translated by the official he is in a foreign language.	Name and Address: aving custode of records in tion of the certificate information are that any false information.
The name, title or cap. Title or Capacity: Manage Attached is a certificate sdiction under the law he translator must be seen.	acity and address of the person(s) who has Name and Address: Bobby R. Lyons 12540 World Plazo (ACC) Ft Myers, FL 33 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	as registered agent and agree to act and complete performance of my and complete performance of my as/have authority to manage is/are: Title or Capacity: duly authenticated by the official he is in a foreign language, a translated by the official he is in a foreign language.	Name and Address: Name and Address: aving custoder frecords in tion of the certificate united are that any false information

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LH MODEL FOUR, 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-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LH MODEL FOUR, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2019.

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

al corn delaware equant

7694913 8300 SR# 20198225407

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

)

Authentication: 2040641831

Date: 11-21-19

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LH MODEL FOUR, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF NOVEMBER, A.D. 2019, AT 10:54 O'CLOCK A.M.

7694913 8100 SR# 20197988237

Authentication: 203970270

Date: 11-08-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:54 AM 11/03/2019
FILED 10:54 AM 11/03/2019
SR 20197988237 - File Number 7694913

CERTIFICATE OF FORMATION

OF

LH MODEL FOUR, LLC

- 1. The name of the limited liability company is LH MODEL FOUR, LLC.
- 2. The address of its registered office in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, Wilmington, New Castle County, Delaware, 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 17th day of September, 2019.

Name: Lyons Housing,

Title: Ofganize:

State of Delaware
Secretary of State
Dhiston of Corporations
Delivered 10:54 AM 11:08:2019
FILED 10:54 AM 11:08:2019
SR 20197988237 File Number 7694913

CERTIFICATE OF FORMATION

OF

LH MODEL FOUR, LLC

- 1. The name of the limited liability company is LH MODEL FOUR, LLC.
- 2. The address of its registered office in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, Wilmington, New Castle County, Delaware, 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 17th day of September, 2019.

Name: Lyons Housing

litle: Ofganizer