To: Page 2 of 5

3/10/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000079560 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations Fax Number : (850)617-6383				
	Fax number	•	(850)017 0505		
From:	Account Name Account Number Phone Fax Number	:	C T CORPORATION SYSTEM FCA000000023 (614)280-3338 (954)208-0845		

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Foreign Limited Liabil LCP Owner Sub	
	Certificate of Status	0
2020 MAR	Certified Copy	1
202 T	Page Count	04
	Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

. . . .

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

# L LCP Owner Sub, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.")

ιſſ	name inavailable, enter alternate name adopted for the prayers of transacting business at Fl	orຟາ The a	ternate name must include "Limited Lubidity Company," "L.L.C," of "LLC ")			
2 Delaware		3.	3			
÷.,	(Jurisdiction under the law of which foreign limited liability company is organized)		(11.1 number, if applicable)			
4.						
	(Date first massively business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, U.S. to determine penalty liability.)					
5.	800 N. Magnolia Avenue	6	800 N. Magnolia Avenue			
9.	(Street Address of Principal Office) Suite 1625		(Mailing Address)			
			Suite 1625			
Orlando, FL 32803			Orlando, FL 32803			

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	Florida33324
	(Cav)	(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.

By: CT Corporation System Stephanie Boehm, Asst. Secretary Wegstered apple (sugstate)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity;</u>	Name and Address:	<u>Title or Canacity:</u>	Name and Address:
CEO	James R. Heistand	VP & GC	A. Noni Holmes-Kidd
	800 N. Magnolia,STE 1625 Orlando, FL 32803	-	800 N. Magnolia.STE 1625 Orlando, FL 32803
EVP, CFO	Scott E. Francis	Managing Director	Kevin Thomas
	800 N. Magnolia,STE 1625 Orlando, FL 32803		800 N. Magnolia, STE 1625 Orlando, FL 32803

(Use attachments if necessary)

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.

1. Noni Holmes-Eidd. Sign nare of an authorized person

A. Noni Holmes-Kidd

Typed or printed name of signer

ı

## Attachment

## LCP Owner Sub, LLC

Manager LCP Holdings, LLC

800 N. Magnolia Avenue Suite 1625 Orlando, FL 32803

•



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LCP OWNER SUB, 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 TENTH DAY OF MARCH, A.D. 2020.

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



Bullect, Be ≻∎+ ₩

Authentication: 202552337 Date: 03-10-20

7891423 8300

SR# 20202034067 You may verify this certificate online at corp.delaware.gov/authver.shtml