

3/25/2020

Division of Corporations

H20000092473

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.

((H20000092473 3))

2020 MAR 25 11:10:25

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I2000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

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Foreign Limited Liability Company
ALTA CYPRESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. GLASS

MAR 26 2020

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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:

1. Alta Cypress, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 84-5061961
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed. number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3715 Northside Pkwy NW, Suite 4-600 (Street Address of Principal Office)
Atlanta, GA, 30327
6. 3715 Northside Pkwy NW, Suite 4-600 (Mailing Address)
Atlanta, GA 30327

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

(Registered agent's signature) Amanda Robinson, Asst. Vice President

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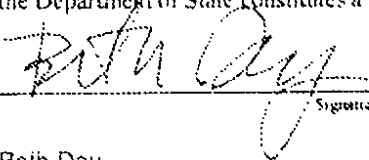
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Bryan Borland	<input type="checkbox"/> Manager	Name: Sean Reynolds
<input checked="" type="checkbox"/> Member	Address: 636 W Yale Street	<input checked="" type="checkbox"/> Member	Address: 636 W Yale Street
<input type="checkbox"/> Authorized	Orlando, FL 32804	<input type="checkbox"/> Authorized	Orlando, FL 32804
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Josh Lynch	<input type="checkbox"/> Manager	Name: Alexander Panzeri
<input checked="" type="checkbox"/> Member	Address: 636 W Yale Street	<input checked="" type="checkbox"/> Member	Address: 401 S Dixie Hwy Ste 303
<input type="checkbox"/> Authorized	Orlando, FL 32804	<input type="checkbox"/> Authorized	West Palm Beach, FL 33401
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Beth Day	<input checked="" type="checkbox"/> Manager	Name: WS Cypress, LLC
<input checked="" type="checkbox"/> Member	Address: 3715 Northside Pkwy NW	<input type="checkbox"/> Member	Address: 3715 Northside Pkwy NW
<input type="checkbox"/> Authorized	Suite 4-600	<input type="checkbox"/> Authorized	Suite 4-600
Person	Atlanta, GA 30327	Person	Atlanta, GA 30327
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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.



 Signature of an authorized person

Beth Day

 Typed or printed name of signer

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Delaware

The First State

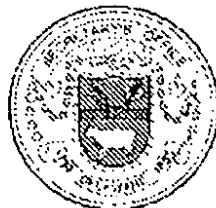
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTA CYPRESS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTA CYPRESS, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2020.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20202359317

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

Authentication: 202652379

Date: 03-25-20

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