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U.S. DEPT. OF JUSTICE
RECEIVED

May 5, 2020

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida of Belterra Ocala 484, LLC**

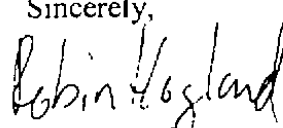
Dear Recipient:

Enclosed please find two copies of an application, certificate of existence and a check in the amount of \$160 to cover the applicable filing fees for the application.

Please place this instrument in line for filing. Once filed, please return stamped evidence to me in the envelope provided or email a copy to me at rhogland@maynardcooper.com.

If you have any questions or if the recording amount is incorrect, please contact me before sending the documents back to see if we can resolve the issue.

Sincerely,



Robin Hogland
Paralegal

RH:

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Belterra Ocala 484, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robin Hogland, Paralegal

Name of Person

Maynard, Cooper & Gale, P.C.

Firm/Company

1901 6th Avenue North, Suite 2400

Address

Birmingham, AL 35203

City/State and Zip Code

rhogland@maynardcooper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Hogland

at (205) 488-3554

Name of Contact Person

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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. Belterra Ocala 484, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

N/A

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

2. Alabama 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 728 Shades Creek Pkwy 6. 728 Shades Creek Pkwy
(Street Address of Principal Office) (Mailing Address)

Suite 130

Suite 130

Birmingham, AL 35209

Birmingham, AL 35209

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

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FL

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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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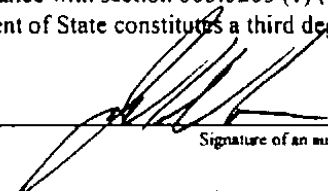
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Belterra Partners, LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 728 Shades Creek Pkwy	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 130	<input type="checkbox"/> Authorized	_____
Person	Birmingham, AL 35209	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: John R. Miller, IV	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 728 Shades Creek Pkwy	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 130	<input type="checkbox"/> Authorized	_____
Person	Birmingham, AL 35209	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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
John R. Miller, IV, as Manager of Belterra Ocala 484, LLC

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Belterra Ocala 484, LLC was
formed in Montgomery County, Alabama on April 29, 2020. The Alabama Entity
Identification number for this entity is 629-132. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.



20200505000002416

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

05/05/2020

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State