Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000285769 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057 Phone : (239)334-2195

Fax Number : (239)332-2243

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

| Emai I | Address: |  |  |  |
|--------|----------|--|--|--|

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICA WALKS AT PORT ST. LUCIE, LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 08      |
| Estimated Charge      | \$30.00 |

JUL 2 8 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

## **COVER LETTER**

| Division of Corporations |   |   |                                  |  |  |  |
|--------------------------|---|---|----------------------------------|--|--|--|
| SUBJECT:                 | America Walks at Port St. Lucie, LLC      |   |                                  |  |  |  |
|                          | Name of Foreign Limited Liability Company |   |                                  |  |  |  |
| Dear Sir or N            | /ladam:                                   |   |                                  |  |  |  |
| The enclosed             | l applicati                               | on, certificate and fee(s)  | are submitted :                  | for filing.  |  |  |
| Please return            | all corre                                 | spondence concerning thi  | s matter to the                  | following:   |  |  |
| Charles Mann             |   |   |                                  |  |  |  |
|                          |   | Name of Person  |                                  | <del>-</del>   |  |  |
| Pavese Law F             | im  |   |                                  |  |  |  |
|                          |   | Firm/Company  |                                  | _  |  |  |
| P. O. Box 150            | 7   |   | •                                |  |  |  |
|                          |   | Address   |                                  | <b>-</b>   |  |  |
| Fort Myers, F            | L 33902                                   |   |                                  |  |  |  |
|                          | =,.,                                      | City/State and Zip Code   | 2                                | <del>-</del>   |  |  |
| kbrokawdeve)             | opment@c                                  | utlook.com  |                                  |  |  |  |
| E-mail ad                | dress: (to                                | be used for future annual   | report notifica                  | rtion)   |  |  |
| For fur <b>the</b> r is  | nformatio                                 | n concerning this matter,   | please call:                     |  |  |  |
| Charles Mann             |   | ,   | 239                              | 336-6242   |  |  |
|                          | Name                                      | of Person   |                                  | e & Daytime Telephone Number   |  |  |
| Regi<br>Divi<br>P.O.     | Box 632                                   | Section<br>orporations  |                                  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |
| Eucl                     | g Fee                                     | check for the following<br>\$30 Filing Fee &<br>Certificate of Status | amount:  \$55 Filing Certified ( | •  |  |  |

421000285769

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| SECTION   | I (1-4 must be completed)   |
|---|---|
| 1. Name of limited liability Company as it appear.  | s on the records of the Florida Department of   |
| State: America Walks at Port St. Lucie, LLC   | s on the records of the Florida Department of   |
| Enter new principal office address, if applicable:  |   |
| ( <u>Principal office address</u><br>MUST BE A STREET ADDRESS)  |   |
| Enter new mailing address, if applicable:<br>( <u>Mailing address</u><br><u>MAY BE A POST OFFICE BOX</u> )  | N/A   |
| 2. The Florida document number of this limited liz  | ability company is: M20000004515  |
| SECTION II (5-9 complete only the applicable  5. New name of the limited liability company:  (mus  (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma | t contain "Limited Liability Company," "L.L.C.," or "LLC.")  I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name   |
| registered agent and/or the new registered office a  Name of New Registered Agent:  N/A   | ed officer address on our records, enter the name of the new  |
| New Registered Office Address: N/A  | Enter Florida Street Address  |
|   | Florida   |
|   | City Zip Code   |
| the provisions of all statutes relative to the proper<br>and accept the obligations of my position as regist  | nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited |

| N/A               | hanges person, title or capacity in a   | ecordance with 605.0902 (1)(e), indicate that c | :hange:        |
|-------------------|---|---|----------------|
| le/ Capacity      | <u>Name</u>   | Address 2                                       | Type of Action |
| <u> </u>          |   | <u> </u>  | □Add           |
|                   |   |   | ⊡Remove        |
|                   |   |   | □Adđ           |
|                   |   |   | □Remove        |
| <del></del>       |   |   | □Add           |
|                   |   |   | _ DRemove      |
|                   |   |   | DAdd           |
|                   |   |   | ORemovi        |
|                   |   |   | □Add           |
| aforementioned an | ficate, if required: no more than 90<br>nendment(s), duly authenticated by<br>the law of which this entity is organ | the official having custody of records in the   | □Remove        |
|                   | Signature of Kevin M. Brokaw, Manager   | the authorized representative                   |                |

Filing Fee: \$25.00

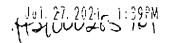
#Jul. 27. 20215 1:369M

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:55 AM 06/25/2021
FILED 10:55 AM 06/25/2021
SR 20212550371 - File Number 6031723

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

| 1.)   | The jurisdiction where the Non-Delaware Limited Liability Company first formed is Ohio  |
|-------|---|
| 2.)   | The jurisdiction immediately prior to filing this Certificate is Ohio   |
| 3.)   | The date the Non-Delaware Limited Liability Company first formed is 4/27/2020   |
| 4.)   | The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is AMERICA WALKS AT PORT ST. LUCIE, LLC |
| 5.)   | The name of the Limited Liability Company as set forth in the Certificate of Formation is AMERICA WALKS AT PORT ST. LUCIE, LLC              |
| IN 25 | WITNESS WHEREOF, the undersigned have executed this Certificate on the bth day of June, A.D. 2021   |
|       | By: /s/ Kevin M. Brokaw Authorized Person   |
|       | Name: Kevin M. Brokaw   |
|       | Print or Type   |

451000285769



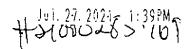
State of Delaware
Secretary of State
Division of Corporations
Delivered 10:55 AM 06/25/2021
FILED 10:55 AM 06/25/2021
SR 20212550371 - FRe Number 6031723

#### STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

| mpany is                        |  |  |
|---------------------------------|--|--|
| LLC                             |  |  |
| d liability company in the Stat | a of Dalayman is   |  |
| a natinty company in the State  |  |  |
| , Zip Code 19711                | . The  |  |
| ess upon whom process agains    | t this limited   |  |
| sal Registered Agents, Inc.     |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
| By: /s/ Kevin M. Brokaw         | <u> </u>   |  |
| Authorized Pers                 | (street) The nst this limited  |  |
|                                 |  |  |
| ne: Kevin M. Brokaw             |  |  |
|                                 |  |  |
|                                 | d liability company in the State  Zip Code 19711  ess upon whom process agains al Registered Agents, Inc.  By: /s/ Kevin M. Brokaw |  |

H21000285769



## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "AMERICA WALKS AT PORT ST. LUCIE, LLC" FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2021, AT 10:55 O'CLOCK A.M.

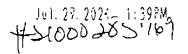
8100F

Authentication: 203742413 Date: 07-22-21

6031723 8100F SR# 20212550371

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

H-4000 285769



# Delaware The First State

Page 1

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 CONVERSION OF AN OHIO LIMITED LIABILITY

COMPANY UNDER THE NAME OF "AMERICA WALKS AT PORT ST. LUCIE, LLC"

TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON

THE TWENTY-FIFTH DAY OF JUNE, A.D. 2021, AT 10:55 O'CLOCK A.M.

6031723 8100F SR# 20212550371 Authentication: 203742413 Date: 07-22-21

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

1LY ADD 185 769

**V**.