HARRED CONGREY

(Re	equestor's Name)				
(Ac	idress)				
(Hodicos)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(DC	ocument Number)				
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Phélps Duffbar LLP * , 100 South Ashley Drive, Suite 2000 Tampa, FL 33602 813 472 7550

July 20, 2020

VIA UPS: 1ZY490X30197635602

Division of Corporation Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Regency Park North, LLC

To Whom it May Concern:

Enclosed please find the fully executed Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida regarding the above referenced entity. Also enclosed is check #106984 in the amount of \$130.00 for the filing fee and a Certificate of Status along with a copy of the Certificate of Good Standing from the State of Delaware.

If you could **PLEASE** process this application as soon as possible I would greatly appreciate it. We have a closing scheduled July 30, 2020 and this is needed.

If you should have any questions, please do not hesitate to contact me at 813-472-7555. Thank you for your prompt attention to this matter, it is greatly appreciated.

Sincerely

Tonya Manning

Paralegal to Robert H. Gidel, Esq.

TM:

Enclosures

ΓO: Reg Divi	istration Section ision of Corporations		
	REGENCY PARK NORTH, LLC		
SUBJECT:	Nar	me of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited Liability	y Company for Authorization to Transact Business in Florida," Certifica e referenced foreign limited liability company to transact business in Flo	
lease return	all correspondence concerning this matter	to the following:	
	Derek Larsen-Chaney, Esq.		
		Name of Person	
	Phelps Dunbar LLP		
		Firm/Company N	
	100 South Ashley Drive, Suite 2000		
		Address GREET O	
	Tampa, Florida 33602	·	
	(City/State and Zip Code	
	chaneyd@phelps.com		
	E-mail address: (to b	e used for future annual report notification)	
or further inf	formation concerning this matter, please ca	ıll:	
Derek Larsen-Chaney, Esq.		813) 222- 7 677	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Talla	nhassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclo Please	sed is a check for the following amount: c make check payable to: FLORIDA DEP	PARTMENT OF STATE	

Certificate of Status

■ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy

of Status & Certified Copy

☐ \$125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIAI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

sine appeare, circl site inchiate	c name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC	
DELAWARE				
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.)		
473 MacEwan Drive		473 MacEwan Drive	2020 J	
et Address of Principal Office)		6. (Mailing Address)		
Osprey, Florida 34229	<u> </u>	Osprey, Florida 34229	2 7	
			<u>xxx</u>	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	City -1	
	Barry Spencer			
Name:				
Office Address:	473 MacEwan Drive			
	Osprey	34229 , Florida		
	(City)	(Zip code)		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Moorings Development and Mark ■ Manager □Manager Name: ____ Address: 473 MacEwan Drive □Member Address: □Member Osprey, Florida 34229 ☐ Authorized □ Authorized Person Person □Other Other____ □Other____ □Other____ □Manager Name: _____ ■ Manager □ Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other Other □Other Name: _____ □Manager □Manager Name: ☐Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other_____ □Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 or 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 Derek Larsen-Chaney, Esq.

Typed or printed name of signee

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REGENCY PARK NORTH, 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 NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGENCY PARK NORTH, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2019.

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

7654683 8300

Authentication: 203253034

Juffrey VI. Buttock, Secretary of State

Date: 07-09-20