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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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

Email Address: _____

**Foreign Limited Liability Company
Pickwick Home Sales, LLC**

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

2020 JUL 31 PM 3:17

FILED
2020 JUL 31 AM 11:17
TALLAHASSEE, FLORIDA

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. Pickwick Home Sales, 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. Michigan (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 6400 Telegraph Rd., Ste 2000
(Street Address of Principal Office)

6. 6400 Telegraph Rd., Ste 2000
(Mailing Address)

Bloomfield Hills, MI 48301

Bloomfield Hills, MI 48301

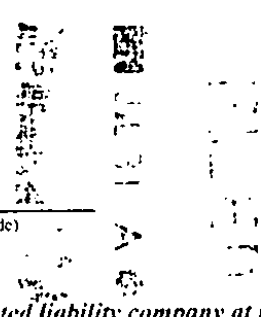
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: V Corp Services, LLC

Office Address: 5011 South State Rd. 7, Ste. 106

Davie, Florida
(City)

33314
(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: [Signature]
(Registered agent's signature)

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: Manager **Name and Address:** Name: RiverstoneCommunities,LLC
 Member Address: 6400TelegraphRd.,Ste2000
 Authorized BloomfieldHills,MI48301
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: JamesL.Bellinson,Trustee
 Member Address: JamesL.BellinsonTrustdt
 Authorized 10/27/99,asamended
 Person 6400TelegraphRd.,Ste2000
 BloomfieldHills,MI48301
 Other _____ Other _____

Manager **Name:** KatherineL.Hammers
 Member **Address:** HonigmanLLP
 Authorized 39400WoodwardAve.,Suite101
 Person BloomfieldHills,MI48304
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ 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 the authority of the translator must be submitted)

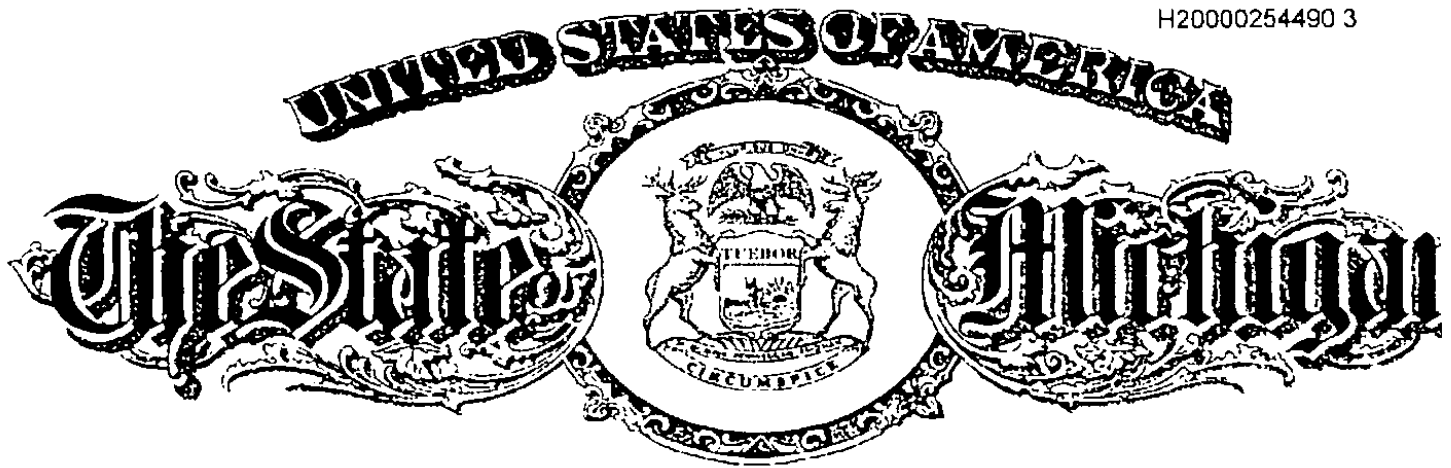
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Katherine L Hammers

Signature of an authorized person

KatherineL.Hammers,AuthorizedPerson

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
PICKWICK HOME SALES, LLC

was validly authorized on July 31 , 2020, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 31st day of July , 2020.

Linda Clegg
Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20072433050

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.