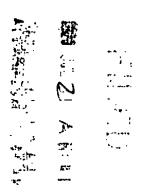
| (Re | questor's Name) | |
|-------------------------|------------------|---------------|
| (Ad | dress) | |
| (Ad | dress) | |
| , | , | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | TIAW | MAIL |
| (Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | - |
| | Office Use Or | niv |

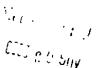


600346842376

06026/20 -01800 -660 ++169.



W100 67407





July 2, 2020

JAMES LOWDELL 125 ELECTRONICS BLVD HUNTSVILLE, AL 35824

SUBJECT: ELITE HOUSING MANAGEMENT LLC

Ref. Number: W20000068407

We have received your document for ELITE HOUSING MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

JUL 2 1 7070

Letter Number: 820A00013002

COVER LETTER

TO: Registration Section
Division of Corporations

Updated Application

Elite Housing Management, LLC

| SUBJECT: | 611 2 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
|--|---|--|--|--|--|--|--|
| Name C | of Limited Liability Company | | | | | | |
| The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above ref | empany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Floridate. | | | | | | |
| Please return all correspondence concerning this matter to t | he following: | | | | | | |
| James Lowdell | | | | | | | |
| | Name of Person | | | | | | |
| Elite Housing Management, LLC | Elite Housing Management, LLC | | | | | | |
| | Firm/Company | | | | | | |
| 1830 Park Avenue | | | | | | | |
| | Address | | | | | | |
| Orange Park, Florida 3207 | 3 | | | | | | |
| · | :/State and Zip Code | | | | | | |
| james.lowdell@jtlusa.com | | | | | | | |
| E-mail address: (to be u | sed for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Katherine Walley | 850 516-0888 | | | | | | |
| Name of Contact Person | Area Code Daytime Telephone Number | | | | | | |
| Mailing Address: | Street Address: | | | | | | |
| Registration Section | Registration Section | | | | | | |
| Division of Corporations | Division of Corporations The Centre of Tallahassee | | | | | | |
| P.O. Box 6327 | | | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of | & ☐ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate | | | | | | |

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

| (isting of toleign | sing Managent LLL Limited Liability Company; must include "Limite | d Liability Ce | ompany," "L.L.C" | or "ELC,"Y | | |
|-------------------------------|--|------------------|------------------------|--|----------------|-----------------|
| mavailable, enter alternate i | name adopted for the purpose of transacting business in F | | rnate name must includ | | _ | ny," "L. L. C." |
| sdiction under the law of w | hich foreign limited liability company is organized) | J | | (I El number | , if applicabl | e) |
| | (Date first transacted business in Florida, if prior to | registration) | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | ine penalty liab | olity) | | | |
| 25 Electro | rics Blud. | 6 | (Mailing Address) | | | |
| ile P, He | utville | | | | | |
| ile P, Ho Unbora | 35824 | _ | | | | |
| ne and street addres | <u>s</u> of Florida registered agent: (P.O. Box | NOT acc | eptable) | 90 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 靈 | |
| Name: | Nathan A. Frazier | | | | كان أ | 1: |
| | 202 S. Rome Ave., Suite 125 | | | 7 ' ' ' | Ť. | 1 7 5 |
| Name. | | | | | > | ; ; ; |
| | | | | | | - |
| Office Address: | Tampa | | 3 , Florida | 3606 =================================== | ## ## | |

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar (and accept the obligations of my position as registered agent.

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

| Title or Capacity: | Name and Address: Katherine Walley | Title or Capacity: | Name and Address James Lowdell |
|---|---|---|--|
| ■Manager | Name: | □Manager | Name: |
| □Member | 6847 N. 9th Ave. Ste. A Address: | □Member | Address: |
| □Authorized | Pensacola, F1, 32504 | Authorized | Huntsville, AL 35824 |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager □Member | Crystal Smith Name: | □ Manager □ Member | Chad Conner Name: |
| ■ Authorized | Address: | □ Member ■ Authorized | Address: |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | □Other | □Other | □Other |
| 9. Attached is a cert jurisdiction under the translator mus | s executed in accordance with section 605,020, ment to the Department of State constitutes a th | orida Department of State duly authenticated by the te is in a foreign language | Annual Report form. official having custody of records ir, a translation of the certificate under |
| 10. This document i submitted in a docur | Mary Mary | ire degreenerony as provi | I am aware that an ded for in s.817.15. |

Typed or printed name of signee

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 ELITE HOUSING MANAGEMENT, LLC was formed in Montgomery County, Alabama on September 26, 2014. The Alabama Entity Identification number for this entity is 319-207. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200713000006274

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.

07/13/2020

Date

X 2. Merrill

John H. Merrill

Secretary of State