

9/18/2020

Division of Corporations

H20003257403

ma0000008194Florida Department of State
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.

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
CPF LIVING COMMUNITIES - HERITAGE LAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPF Living Communities II - Heritage Land, 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.

Jay Flatt

Name of Person

CPF Living Communities II Acquisitions, LLC

Firm/Company

2 N Tamiami Trail, Suite 200

Address

Sarasota, FL 34236

City/State and Zip Code

jflatt@cpfounders.com

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

For further information concerning this matter, please call:

Meghan McDonald

847

324-7994

at ()

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. CPF Living Communities II - Heritage Land, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3054879
(FBI 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. 2 N Tamiami Trail, Suite 200
(Street Address of Principal Office)

6. 2 N Tamiami Trail, Suite 200
(Mailing Address)

Sarasota, FL 34236

Sarasota, FL 34236

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

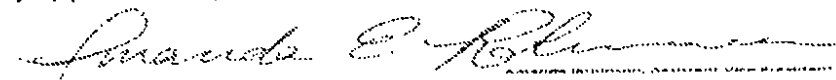
Name. Corporation Service Company

Office Address. 1201 Hays Street

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.


(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]:

Title or Capacity: **Name and Address:**

☒ Manager Name, CPF Living Communities II Acquisitions, LLC

☒ Member Address, 2 N Tamiami Trail,

☐ Authorized Ste 200

Person Sarasota, FL 34236

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name, Jay Flatt

☐ Member Address, 2 N Tamiami Trail,

☒ Authorized Ste 200

Person Sarasota, FL 34236

☐ Other ☐ Other

☐ Manager Name John Rojas

☐ Member Address, 2 N Tamiami Trail,

☒ Authorized Ste 200

Person Sarasota, FL 34236

☐ Other ☐ Other

☐ Manager Name

☐ Member Address,

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name

☐ Member Address,

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name

☐ Member Address:

☐ Authorized

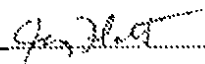
Person

☐ 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 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

Jay Flatt, CFO and Vice President

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPF LIVING COMMUNITIES II - HERITAGE LAND, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CPF LIVING COMMUNITIES II - HERITAGE LAND, LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3678273 8300

SR# 20207329956

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

Authentication: 203677701

Date: 09-17-20

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