

9/24/2020

Division of Corporations

M2000033684 8390Florida Department of State
Division of Corporations
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To:

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

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

Email Address: joe@phillipscapital.com

**Foreign Limited Liability Company
EAGLES LANDING TOWNHOMES HOLDING, LLC**

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Certified Copy	1
Page Count	03
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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. EAGLES LANDING TOWNHOMES HOLDING, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

Delaware

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)3. _____
(FBI number, if applicable)

Upon Qualification

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

42 Business Centre Drive, Suite 101

Same as street address

5. _____
(Street Address of Principal Office)6. _____
(Mailing Address)

Miramar Beach, FL 32550

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)Name: Scott CampbellOffice Address: 4100 Legendary Drive, Suite 200Destin

(City)

, Florida

32541

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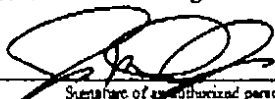
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Joe Dobson</u>	<input type="checkbox"/> Manager	Name: <u>Rupert Phillips</u>
<input type="checkbox"/> Member	Address: <u>42 Business Centre Drive</u>	<input type="checkbox"/> Member	Address: <u>42 Business Centre Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 101</u>	<input type="checkbox"/> Authorized	<u>Suite 101</u>
Person	<u>Miramar Beach, FL 32550</u>	Person	<u>Miramar Beach, FL 32550</u>
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ryan Phillips</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>42 Business Centre Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 101</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miramar Beach, FL 32550</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 authorized person

JOE DOBSON

Typed or printed name of signer

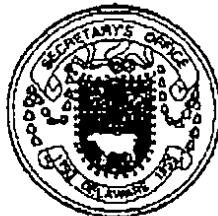
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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EAGLES LANDING TOWNHOMES HOLDING, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.



3674267 8300

SR# 20207278918

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

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203665979

Date: 09-16-20

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