10/21/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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 CW - Hidden Creek Two, LLC

Certificate of Status	U
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Page Count	04
Estimated Charge	\$125.00

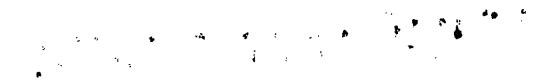
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6/6,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO RECISTER A FOREKIN JAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL

CW - Hidden Creek Tw						
(Name of Foreign I	imited Liability Company; must include "Limited	Hiability Com	pany," L.E.C., or "LEC")			
name unavailable, enter alternate n	une adopted for the purpose of transacting business in Flo	sida 13 e ulterna	te name must include "familed I islahit	y Company," "L.L.C." or "LLC." i		
Delaware		3				
(Jurisdiction under the faw of w	ich foreign limited liabilist company is organized;		4PM number, st	applicable)		
	(Date first transacted business in Florida if prior to	ecistration)		_		
	(See sections 603 0904 & 605 0905; F.S. to determine	ne penalty habilit	v)			
8655 S. Priest Drive		865: 6	8655 S. Priest Drive			
treet Address of Principal Office)			(Muling Address)			
Tempe, AZ, 85284		Ten	ipe, AZ 85284			
Name and street address	s of Florida registered agent; (P.O. Box	NOT accep	otable)	7A.28		
Name:	C T Corporation System		_	2001 OCT 21 SECRETAR ALLAHASS		
Office Address:	1200 South Pine Island Road		_	A PH		
	Plantation		33324 , Florida			
	(City)		(Aip code)	→ 00		

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:	C T Corporation System				
(Registered agent's signature)					

Rose Song, Assistant Secretary

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:	Title or Capacity	<u>v:</u>	Name and Address:
≛¹Manager	Name: CW - TLB Management, LLC	_ Manager	Name:	
□Member	Address: 8655 S. Priest Drive	☐ Member	Address:	
□Authorized	Tempe, AZ 85284	Authorized		
Person		Person		
□Other		□Other		Other
□Manager	Name: John E. Cork	□ Manager	Name:	
□Member	Address: 8655 S. Priest Drive	□Member	Address:	
⊞ Authorized	Tempe, AZ 85284	☐ Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name;	□ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other	()ther	□Other		□Other

Important Notice: Use an attachment to report more than six (o). 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 each 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.

Cyped or printed name of signee



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CW - HIDDEN CREEK TWO, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203906592

Date: 10-21-20