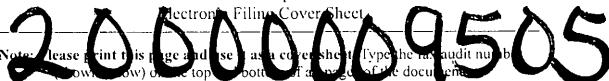
Florida Department of State

File first: H200003692033 File second: H200003692053

Division of Corporations



(((H20000369203 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:		
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Foreign Limited Liability Company Parc at Wesley Chapel GP LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FILE FIRST

OCT 23 2020

MISPLOMON

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Corporate Filing Menu

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate nam	ne must include "Limited Liability Compa	any," "L.l. C," or "Ll.C.	
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applies	able)	
	(Date first transacted business in Florida, if prior to r {See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)			
	dy Blvd., Suite 240	6. 4890	W. Kennedy Blvd.,	Suite 240	
Tampa, FL 33	609	Tampa, FL 33609			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptab	de)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Roa	d		200 E	
	Plantation		33324	2271	

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)

Madonna Cuddihy, Assistant Secretary

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and addr 5) total]:	esses of the primary n	nembers/mana	gers or persons authorized to	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
■ Manager	Name: Joseph G. Lubeck	Manager	Name:		
Member	Parc at Wesley Chapel GP LLC	Member	Address:		
Authorized	4890 W. Kennedy Blvd., Suite 240	Authorized			
Person	Tampa. FL 33609	Person		-	
Other PRESID	ENT Other	Other		Other	
Manager	Name:	Manager	Name:	<u> </u>	,
Member	Address:	Member	Address:		_ţ
Authorized		Authorized		多野 T 原設 22 万円 30	
Person		Person			
Other	Other	Other		Other 58 22	
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 must 10. This document i	s executed in accordance with section 605,0203 (1 nent to the Department of State constitutes a third	da Department of State y authenticated by the in a foreign language.) (b), Florida Statutes.	Annual Repo official having a translation	ort form. g custody of records in the of the certificate under oath hat any false information	
	Joseph G. Lubeck				
	Typed or print	ted name of signee		_	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARC AT WESLEY CHAPEL GP 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-SECOND DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203915379

Date: 10-22-20

3942541 8300 SR# 20207971928