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SECRETARY OF DIAGRAPLANACE FOR THE SERVICE OF THE SERVICE O

RECEIVED

920 OCT 29 PM 2: 13 VIŠIONŲŠ LOBPORATIONS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE : 490635 / 8198544

AUTHORIZATION: Spelle Man

COST LIMIT : \$ 125.00

ACCOUNT NO. : 12000000195

ORDER DATE: October 28, 2020

ORDER TIME : 10:59 AM

ORDER NO. : 490635-025

CUSTOMER NO: 8198544

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#### FOREIGN FILINGS

NAME: GRANITE LUCERNE LAKESIDE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

#### **COVER LETTER**

	tration Section ion of Corporations	
SUBJECT:	Granite Lucerne Lakeside LL	.C
_	Nai	me of Limited Liability Company
		ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this ma	tter to the following:
	Timothy Strack	
		Name of Person
	Inspire Communities	
		Firm/Company
	4742 N. 24th Street, Suite	325
		Address
	Phoenix, AZ 85016	
	-	City/State and Zip Code
	tstrack@inspirecom.com	
	E-mail address: ()	to be used for future annual report notification)
For further info	ormation concerning this matter, pleas	se call:
Timo	othy Strack	916 852-0112
-	Name of Person	Area Code Daytime Telephone Number
Divisi Regis P.O. E	on of Corporations tration Section 30x 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301
	a check for the following amou 25.00 Filing Fee \$130.00 Filing Certificate of	g Fee & \$\Bigsim \$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate

### 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 FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Granite Lucerne Lakeside LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Inspire Communities, 4742 N. 24th Street, Suite 325 Phoenix, AZ 85016 (Street Address of Principal Office) c/o Inspire Communities, 4742 N. 24th Street, Suite 325 Phoenix, AZ 85016 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Timothy Strack - Authorized Signatory; 4742 N. 24th St., Ste.325, Phoenix, AZ 85016 Richard Christian Andreen - CEO; 4742 N. 24th St., Ste. 325, Phoenix, AZ 85016 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

Timothy Strack

TALLARIAN SECRETARIAN SECRETAR

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:

Granite Lucerne Lakeside LLC

	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT	ACCEPTABLE)
	Talahassee FL 3230	01
	City/State/Zip	
laving be	ten named as registered agent and to accept service of	of process for the above stated limited
anuity co egistered tatutes re ccept the	ten named as registered agent and to accept service of ompany at the place designated in this certificate. I had agent and agree to act in this capacity. I further agreed that the proper and complete performance of my obligations of my position as registered agent as professional agent as professional agent as professional agent	ereby accept the appointment as see to comply with the provisions of all seduties, and I am familiar with and
anuity co egistered tatutes re ccept the	ompany at the place designated in this certificate, I had a largent and agree to act in this capacity. I further agricating to the proper and complete performance of my obligations of my position as registered agent as produced by the second secon	ereby accept the appointment as see to comply with the provisions of all additional and familiar with and avided for in Chapter 605. Florida  Amanda Robinson
annny co egistered atutes re ccept the	ompany at the place designated in this certificate, I had agent and agree to act in this capacity. I further agricating to the proper and complete performance of my obligations of my position as registered agent as professional agent as professional agent agent (Signature)	ereby accept the appointment as the to comply with the provisions of all the duties, and I am familiar with and the duties and I am familiar with and the duties are I am familiar with the president and the complex are the second and the complex are the complex a
anuity co egistered tatut <mark>es re</mark>	ompany at the place designated in this certificate, I had agent and agree to act in this capacity. I further agricating to the proper and complete performance of my obligations of my position as registered agent as proceedings of the proper and complete performance of my obligations of the proper and complete performance of the property of the prop	ereby accept the appointment as tee to comply with the provisions of all oduties, and I am familiar with and ovided for in Chapter 605, Florida  Amanda Robinson Asst. Vice Presiden Registered Agent

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GRANITE LUCERNE LAKESIDE 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-EIGHTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANITE LUCERNE LAKESIDE LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203962577

Date: 10-28-20

3845618 8300 SR# 20208098392