

M200000009788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

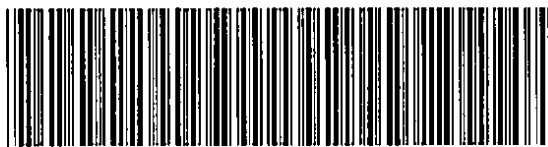
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W200000113818

Office Use Only



000351881010

09/14/20--01026--013 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 OCT 27 PM 3:04

FILED

US  
10/30/20 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2020

BRYN OLSEN  
333 SOUTH 7TH STREET  
FL 27  
MINNEAPOLIS, MN 55402

SUBJECT: CTRE, L.L.C.  
Ref. Number: W20000113818

We have received your document for CTRE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is F05000001772.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 920A00019207

RECEIVED  
OCT 27 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CTRE, L.L.C.  
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:

Bryn Olsen  
Name of Person  
HomeServices of America, Inc.  
Firm/Company  
333 South 7th Street, FL 27  
Address  
Minneapolis, MN 55402  
City/State and Zip Code  
legal@homeservices.com  
E-mail address: (to be used for future annual report notification)

FILED  
2020 OCT 27 PM 3:04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bryn Olsen at (612) 336-5446  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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. CTRE, L.L.C.

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

CTRE Real Estate, L.L.C.

(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.

(FEI 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)

860 North Main Street Ext

5. (Street Address of Principal Office)

Wallingford, CT 06492

333 South 7th Street

6. (Mailing Address)

FL 27, Attn Legal

Minneapolis, MN 55402

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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.

Amy Wallinger, M.A. Asst. V.P.

(Registered agent's signature)

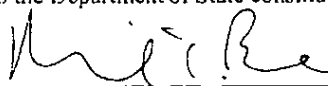
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael T. Browne	<input type="checkbox"/> Manager	Name: Candace Adams
<input type="checkbox"/> Member	Address: 333 S 7th St, FL 27	<input type="checkbox"/> Member	Address: 860 North Main Street Ext
<input checked="" type="checkbox"/> Authorized	Minneapolis, MN 55402	<input checked="" type="checkbox"/> Authorized	Wallingford, CT 06492
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Walter Megenis	<input type="checkbox"/> Manager	Name: Alexander E. Savall
<input type="checkbox"/> Member	Address: 860 North Main Street Ext	<input type="checkbox"/> Member	Address: 333 S 7th St, FL 27
<input checked="" type="checkbox"/> Authorized	Wallingford, CT 06492	<input checked="" type="checkbox"/> Authorized	Minneapolis, MN 55402
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jonathan D. Hale	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: PO Box 657	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	DMR 27	<input type="checkbox"/> Authorized	
Person	Des Moines, IA 50306	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 an authorized person

Michael T. Browne

Typed or printed name of signer

# Delaware

The First State

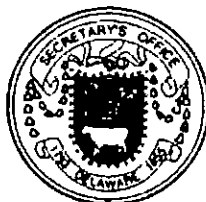
Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTRE, L.L.C." 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTRE, L.L.C." WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2000.

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

FILED  
2020 OCT 7 PM 3:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

3210986 8300

SR# 20207043837

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203572633

Date: 09-01-20