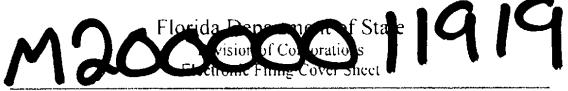
From: Ranae McGri

12/28/2020

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 : 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.\*\*

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## Foreign Limited Liability Company Haverhill FT1 LLC

| Certificate of Status | Û        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPHANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| L. Haverhill FT1 LLC  |   |   | <u>-</u>                               |
|---|---|---|--|
| (Name of Foreign )  | Limited Liability Company; miss include "Limited Liab   | ility Company," 1.1.C. or "C.C. 1           |  |
| (It name enavailable, enter alternate et                              | ame adopted for the purpose of transacting business in Florida.   | he alternate name must include "Limited Lie | dubity Company," "L.L.C," or "I 1 C,") |
| Delaware<br>2.  | nich foreign himited liability company is organized)  | 3. (IT) number                              |  |
| (Jurisdiction under the law of w                                      | nich foreign finnted frability company is organized)  | (LLI)                                       | er if applicable)                      |
| 4.  |   |   |  |
|   | (Date trist transacted Insuress in Planda, if prior to registre<br>(See sections 603 0904 & 603 0905, F.S. to determine pen | ilion j<br>alty liability j                 |  |
| 3065 S. Jones Blvd., S.<br>5.<br>(Street Address of Principal Office) |   | 6 (Mailing Address)                         |  |
| Las Vegas NV 89146  |   | , <b></b> ,                                 |  |
|   | <u></u>   |   |  |
|   |   |   |  |
| 7. Name and street address  | s of Florida registered agent: (P.O. Box <u>NO</u>  | <u>T</u> acceptable)                        | 2028<br>FALL                           |
| Name.   | C T Corporation System  |   | P DEC 2                                |
| Office Address:   | 1200 South Pine Island Road   |   | B [                                    |
|   | Plantation  | 33324<br>, Florida                          | :                                      |
|   | (Ciry.)   | (Ap code)                                   | `.' <b>©</b> &                         |

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.

| Ву: | C.T Corporation System() (Xuda | Souther | Linda Stauffer, Assistant Secretary |
|-----|--------------------------------|---------|-------------------------------------|
|     | (Registered agent's signature) | 70      |                                     |

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:                     | <u>Title or Capacit</u> | <u>Y:</u>    | Name and Address: |
|--------------------|---------------------------------------|-------------------------|--------------|-------------------|
| ⊞Manager           | Name: The Krausz Companies LLC        | ≟ Manager               | Name:        |                   |
| □Member            | Address: 3065 S Jones Blvd., Ste 100  | □Member                 | Address:     |                   |
| □Authorized        | Las Vegas, NV 89146                   | ☐ Authorized            |              |                   |
| Person             |                                       | Person                  |              |                   |
| □Other             | Other                                 | □Other                  |              | Other             |
| □Manager           | Krausz FT One, L.P.                   | □Manager                | Name:        |                   |
| <b>⊡</b> Member    | Address: 3065 \$ Jones Blvd., Ste 100 | Member                  | Address:     |                   |
| ☐ Authorized       | Las Vegas NV 89146                    | ☐ Authorized            |              |                   |
| Person             |                                       | Person                  | <del> </del> | <u> </u>          |
| □Other             | Other                                 | □Other                  | <del></del>  | Other             |
| □Manager           | Name:                                 | ⊒ Manager               | Name:        |                   |
| □\fember           | Address:                              | □Member                 | Address:     |                   |
| □Authorized        |                                       | Authorized              |              |                   |
| Person             |                                       | Person                  |              |                   |
| T.Other            | . ()ther                              | Other                   |              | 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 \$ 817,155, F.S.

| DIL           |                                    |  |
|---------------|------------------------------------|--|
|               | Signature of an authorized person  |  |
|               |                                    |  |
| Daniel Krausz |                                    |  |
| <del></del>   | 1) and an endurad marks of creases |  |



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAVERHILL FT1 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 DECEMBER, A.D. 2020.

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

at corn delaware soy/auti

Authentication: 204421999

Date: 12-28-20