

Ma1000001988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

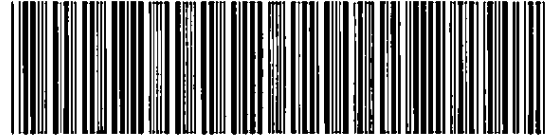
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400360434594

21 FEB 18 PM 2:07

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 18 PM 4:28

2/19/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 669915 8180712

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 17, 2021

ORDER TIME : 11:49 AM

ORDER NO. : 669915-005

CUSTOMER NO: 8180712

FILED
2021 FEB 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: CX LULLWATER AT BLAIR STONE
MANAGER, 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: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CX LULLWATER AT BLAIR STONE MANAGER,LLC
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:

DEMI ELLIOTT

Name of Person

CARTER FUNDS, I.L.C

Firm/Company

4890 W KENNEDY BLVD.. SUITE 200

Address

TAMPA FL 33609

City/State and Zip Code

DELLIOTT@CARTERFUNDS.COM

E-mail address: (to be used for future annual report notification)

2021 FEB 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

DEMI ELLIOTT

813

358-5981

at ()

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. CX LULLWATER AT BLAIR STONE MANAGER, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 3. 86-2110430
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 4890 W KENNEDY BLVD
(Street Address of Principal Office)

6. 4890 W KENNEDY BLVD
(Mailing Address)

SUITE 200

SUITE 200

TAMPA FL 33609

TAMPA FL 33609

FILED
2021 FEB 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

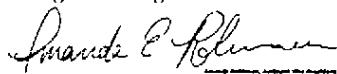
Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (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.



(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: ROBERT D. WHITAKER

☐ Member Address: 4890 W KENNEDY BLVD

☐ Authorized STE 200

Person TAMPA FL 33609

☒ Other CEO ☐ Other

☐ Manager Name: GAEL RAGONE

☐ Member Address: 4890 W KENNEDY BLVD

☐ Authorized STE 200

Person TAMPA FL 33609

☒ Other PRESIDENT ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: DEMI ELLIOTT

☐ Member Address: 4890 W KENNEDY BLVD

☒ Authorized STE 200

Person TAMPA FL 33609

☐ Other _____ ☐ Other _____

☐ Manager Name: LISA DRUMMOND

☐ Member Address: 4890 W KENNEDY BLVD

☐ Authorized STE 200

Person TAMPA FL 33609

☒ Other COO ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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 s.817.155, F.S.



Signature of an authorized person

ROBERT D. WHITAKER

Typed or printed name of signer