

MA1000003407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

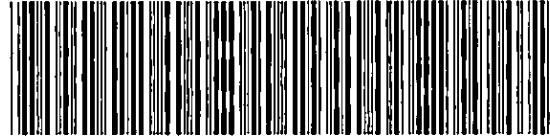
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAR 24 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 24 PM 1:11

FILED

[Handwritten signature]

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

ACCOUNT NO. : I20000000195

REFERENCE : 729366 7379255

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : March 24, 2021

ORDER TIME : 12:04 PM

ORDER NO. : 729366-005

CUSTOMER NO: 7379255

FOREIGN FILINGS

NAME: SHP DEVELOPERS, 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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHP Developers, 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:

Christopher J. Rusnak

Name of Person

GreenPointe Holdings, LLC

Firm/Company

7807 Baymeadows Rd. E. Ste. 205

Address

Jacksonville, FL 33256

City/State and Zip Code

crusnak@greenpointellc.com

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

For further information concerning this matter, please call:

Christopher J. Rusnak

904

996-2485

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. SHP Developers, 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
(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)

5. 7807 Baymeadows Rd. E. Ste. 205
(Street Address of Principal Office)

6. 7807 Baymeadows Rd. E. Ste. 205
(Mailing Address)

Jacksonville, FL 32256

Jacksonville, FL 32256

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

Name: GreenPointe Holdings, LLC

Office Address: 7807 Baymeadows Rd. E. Ste. 205

Jacksonville, Florida 32256
(City) (Zip code)

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TALLAHASSEE, FL

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: GreenPointe Developers, LLC

☒ Member Address: 7807 Baymeadows Rd. E.

☐ Authorized Ste. 205

Person Jacksonville, FL 32256

☐ Other _____ ☐ Other _____

☐ Manager Name: Edward E. Burr

☐ Member Address: 7807 Baymeadows Rd. E.

☐ Authorized Ste. 205

Person Jacksonville, FL 32256

☒ Other President _____ ☐ Other _____

☐ Manager Name: Graydon E. Miars

☐ Member Address: 7807 Baymeadows Rd. E.

☐ Authorized Ste. 205

Person Jacksonville, FL 32256

☒ Other Vice President _____ ☐ Other _____

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

☐ Manager Name: James P. McGowan

☐ Member Address: 7807 Baymeadows Rd. E.

☐ Authorized Ste. 205

Person Jacksonville, FL 32256

☒ Other Vice President _____ ☐ Other _____

☐ Manager Name: Christopher J. Rusnak

☐ Member Address: 7807 Baymeadows Rd. E.

☐ Authorized Ste. 205

Person Jacksonville, FL 32256

☒ Other Vice President _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

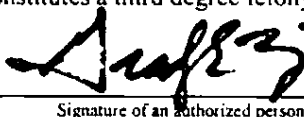
Person _____

☐ 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

Graydon E. Miars, Authorized Person

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHP DEVELOPERS, 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-FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHP DEVELOPERS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5636100 8300

SR# 20211021894

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202808467

Date: 03-24-21