Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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so will generate another cover sheet.	≥:2	<u></u>

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

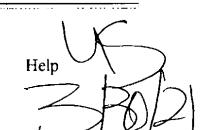
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## Foreign Limited Liability Company CS1031 SUN KEY VILLAGE MHC MASTER LESSEE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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. CS1031 SUN KEY VILLAGE MHC MASTER LESSEE, LLC

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## 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:

lf name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fi	orida. The	alternate name must include "Limited Liabili	ity Со <del>пра</del> пу	," "L.IC,	or LLC
Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, i	(FEI number, if applicable)		
				SECI	2021 HAR	
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty	l) lizbility)		<del>*</del>	7
10900 Nuckols Rd, Suite 200 5.		6.	10900 Nuckols Rd, Suite 200 (Mailing Address)		29	ri-
treet Address of Principal Office)	<del></del>		(Mailing Address)	29	PM	j
Glen Allen, VA 23060			Glen Allen, VA 23060	ST/	<del>-</del>	
				[T]	2	
. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	acceptable)		-	
Name:	InCorp Services, Inc.					
Office Address:	17888 67th Court North					
	Loxahatchee		33470 , Florida	_		
	(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 agont's signature)

Jackie DeFilippis on behalf of InCorp Services, Inc.

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:	Title or Capacity	Name and Address:
<b>■</b> Manager	Name: Louis Rogers	□Manager	Name:
□Member	Address: 10900 Nuckols Rd, Suite 200	□Member	Address:
□Authorized	Glen Allen, VA 23060	□Authorized	
Person		Person	
☐ Other	□Other	□Other	
		_	MAR 29
☐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	FI #2
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	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

Louis Rogers



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CS1031 SUN KEY VILLAGE MHC MASTER

LESSEE, 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-SECOND DAY OF MARCH,

A.D. 2021.

VILLAGE MHC MASTER LESSEE, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2021.

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

5585855 8300 SR# 20210984030

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

MSRS

Authentication: 202784029

Date: 03-22-21