

4/7/2021

Division of Corporations

M2100004015
Florida Department of State
Division of Corporations
File First: H210001386903
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((H210001386903))



H210001386903ABC/

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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.****

Email Address: _____

Foreign Limited Liability Company
Argyle Lake at Oakleaf Town Center GP LLC

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

FILE FIRST

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APR - 8 2021

K. Brumley

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. Argyle Lake at Oakleaf Town Center GP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," 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. 4890 W. Kennedy Blvd., Suite 240

(Street Address of Principal Office)

Tampa, FL 33609

6. 4890 W. Kennedy Blvd., Suite 240

(Mailing Address)

Tampa, FL 33609

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

By: C T Corporation System
(Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

2021 APR -7 PM 1:40
FILED
AND
RECEIVED

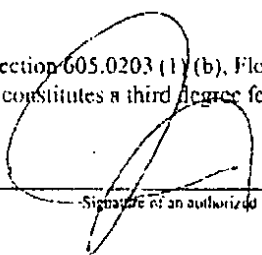
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Joseph G. Lubeck	<input type="checkbox"/> Manager Name:	
<input type="checkbox"/> Member Address:	Argyle Lake at Oakleaf Town Center GP LLC	<input type="checkbox"/> Member Address:	
<input type="checkbox"/> Authorized Person	4890 W. Kennedy Blvd., Suite 240 Tampa, FL 33609	<input type="checkbox"/> Authorized Person	
<input checked="" type="checkbox"/> Other PRESIDENT	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager Name:		<input type="checkbox"/> Manager Name:	
<input type="checkbox"/> Member Address:		<input type="checkbox"/> Member Address:	
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager Name:		<input type="checkbox"/> Manager Name:	
<input type="checkbox"/> Member Address:		<input type="checkbox"/> Member Address:	
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager Name:		<input type="checkbox"/> Manager Name:	
<input type="checkbox"/> Member Address:		<input type="checkbox"/> Member Address:	
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized 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
 Joseph G. Lubeck

 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 "ARGYLE LAKE AT OAKLEAF TOWN CENTER GP
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 SIXTH DAY OF APRIL, 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 "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5798690 8300

SR# 20211187839

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

Authentication: 202900944

Date: 04-06-21