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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)214-8442

**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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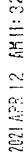
Foreign Limited Liability Company Stoney Way Wholesale, LLC

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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: Stoney Way Wholesale, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") III name unavailable, enter alternate name adopted for the purpose of transfering business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC," 85-0495932 Delaware (Jurisdiction under the law of which foreign lumited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0903, F.S. to determine penalty hability) 700 N.W. 107th Avenue (Street Address of Principal Office) Suite 400 Miami, FL 33172 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway I Office Address: North Palm Beach

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.

> Caitlin Lazarus, Special Secretary /s/ Caitlin Lazarus (Registered agent's vignature)

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:
□Manager	Name: U.S. Home Corporation	□Manager	Name: Mark Sustana
≣ Member	Address: 700 N.W. 107th Avenue	□Member	Address:
□Authorized	Suite 400	■ Authorized	Suite 400
Person	Miami, FL 33172	Person	Miami, FL 33172
□Other	Other	□Other	□Other
□Manager	Name: Kemp Gillis	□Manager	Name: Russell Smith
□Member	Address: 700 N.W. 107th Avenue		Address:
□Authorized	Suite 400	□Authorized	Building 4, Suite 450
Person	Miami, FL 33172	Person	Austin TX 78759
Vice Presi	dent	Other	dent Other
□Manager	Paul Stringfellow Name:	□Manager	Name:
□Member	Address: 700 N.W. 107th Avenue		Address:
□Authorized	Suite 400	personal and the same of the s	
Person	Miami, FL 33172	Domino	
Vice Presi	ident []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.

/s/ Mark Sustana	
	Signature of an authorized person
Mark Sustana	
	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 "STONEY WAY WHOLESALE, 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 TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STONEY WAY WHOLESALE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2020.

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

Authentication: 202940817

Date: 04-12-21