

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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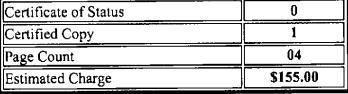


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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 face.	i (1 dannual 1 dannual 2 da Email	TROOT MALLIPOS. SUICE UNIV ONE ENGLE AUGULESS MIS	asc.
Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500	o**Enter the	email address for this business entity to be used	for fut
Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017		Fax Number : (800)432-3622	
Account Name : CAPITOL SERVICES, INC.		Phone : (855) 498-5500	
Parama.	From:	ONDERGY OFFICE AND	
		Fax Number : (850)617-6383	

Certificate of Status 1



COVER LETTER

	Manufactured Housing Commu	unity, LLC		
UBJECT:Name of Limited Liability Company				
The enclosed "Applicatio Existence, and check are	n by Foreign Limited Liability (submitted to register the above r	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	' Certificate oness in Florid	
Please return all correspo	ndence concerning this matter to	o the following:		
		Name of Person		
		Firm/Company		
		Address		
	C	ity/State and Zip Code	•	
austin@	a2zcp.com		(l., 1.)	
	E-mail address: (to be	used for future annual report notification)	· :	
For further information c	oncerning this matter, please cal	II:	2	
		at ()	 -	
 	Name of Contact Person	at ()Area Code Daytime Telephone Number	 	
Mailing Address Registration S		Street Address: Registration Section		
Division of C		Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	neck for the following amount: eck payable to: FLORIDA DEF ing Fee \$130.00 Filing Fe	e & 🗎 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee		

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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Gulf Breeze Manufacti	red Housing Community, LLC			
(Name of Foreign	Limited Liability Company, must include "Limite	d Ciability	Company," "L.L.C.," or "LLC.")	
(if name unavailable, enter alternate	same adopted for the purpose of transacting business in P	lorida. The	absenses name must include "Limited Liability Con	mpany," "L.L.C," or "LLC
Delaware 2.		,		
(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 (See sections 603.0904 & 605.0903, F.S. to deturn	ine pensity	i.} Hability)	
10221 River Road #59831 5.			10221 River Road #59831	
O. (Street Address of Principal Office)		0.	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Potomac, Maryland 20	859		Potomac, Maryland 20859	, 2 2.
				-
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)	
Name:	Jonathan Wyss			811
Office Address:	3191 Grand Avenue #331774	-		
	Miami		33133 , 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 agent's signifier)

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: Horida MHC MM LLC	□Manager	Name:	
□Member	Address: 10221 River Road #59831	□Member	Address:	<u> </u>
□Authorized	Potomac, Maryland 20859	□Authorized		
Person		Person		
□ Other	□Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other		Other		□Other ~=
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		59
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.

B Newlan La Loggia Signature of an authorized person

Brenda LaLoggia, Authorized Person

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GULF BREEZE MANUFACTURED HOUSING

COMMUNITY, 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 TWENTIETH DAY OF MAY,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GULF BREEZE

MANUFACTURED HOUSING COMMUNITY, LLC" WAS FORMED ON THE TWELFTH DAY

OF MAY, A.D. 2021.

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

at som delaware you author

Authentication: 203250383

Date: 05-20-21