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.

(((H21000138712 3)))



H210001387123ABCZ

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036

Phone

: (407)843-4600

Fax Number

: (407)843-4444

Attn: Tami D. Passley

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

Email Address:_

mgoyal@parksquarehomes.com

Foreign Limited Liability Company Aston Park MF, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

*Resemmission along with required consent/release letter.

ASTON PARK MF, LLC 5200 Vineland Road, Suite 200 Orlando, Florida 32811

May 27, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Consent to Florida Application by Foreign LLC for Authorization to-nature Transact Business in Florida for Aston Park MF, LLC, a Delaware limited liability company

Dear Sir or Madam:

Attached is the Florida Application by Foreign LLC for Authorization to Transact Business in Florida for Aston Park MF, LLC, a Delaware limited liability company. Aston Park MF, LLC f/k/a Domain LLC, a Florida limited liability company filed Articles of Voluntary Dissolution with the Florida Department of State on April 2, 2021 (the "Dissolved Entity"). The Dissolved Entity gives its consent to the use of this similar name and releases the name for the qualification of Aston Park MF, LLC, a Delaware limited liability company.

Sincerely yours,

ASTON PARK MF, LLC, a Florida limited liability company

Name: Vishaal Guy

Title: Manager

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | | | mate name most include "Limited Liability | Company, C.L.C. C. | |
|---|--|---------------------------------------|---|---|--|
| Delaware | | | 86-2030346 3. | | |
| (Hurisdiction under the law of which foreign lumited baseliny company is organized) | | | (Fill menber, if applicable) | | |
| Upon qualification | | | | | |
| | (Dats first transacted business in Florida, if prior to (See sections 603 0904 & 605,0905, F.S. to descri | o registration.) váno penalty: hal | bility) | _ | |
| 5200 Vineland Road, | cland Road, Suite 200 | | i200 Vincland Road, Suite 20 | | |
| (Stret Address of | Principal Office) | υ | (Mailing Address) | <u> </u> | |
| Orlando, Florida 3280 | 1 | Orlando, Florida 32801 | | | |
| | · · · · · · · · · · · · · · · · · · · | _ | ceptable) | | |
| Name and <u>street addre</u> Name: | ss of Florida registered agent: (P.O. Bo Vishaal Gupta | x <u>NOT</u> ac | | 2021 HAY SECNET | |
| | | x <u>NOT</u> ac | | 2021 HAY 27 AM SECRETARY OF TALL ALLASSE | |
| Name: | Vishaal Gupta | x <u>NOT</u> ao | 32811 Florida | 2021 HAY 27 AM 10: 27 SECNETARY OF STATE TAND ANASSEE, FL | |

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.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Michael Niederst Name: Vishaal Gupta ■ Manager Manager Manager Address: 423 S. Keller Road Address: ____ 5200 Vineland Road, Suite 200 ☐ Member ☐ Member Orlando, Florida 32810 Orlando, Florida 32811 ☐ Authorized Authorized Person Person Other Other Other Other___ Name: _____ Name: Manager | Manager Member Address: _____ Member Address: Authorized ☐ Authorized Person Person Other____ Other Other_ Other Munager Name: _____ Manager Member | Address: Member Address: Authorized ☐Authorized Person Person _____Other______ Other_____ Other_ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

Typed or printed name of signee

Vishaal Gupta

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASTON PARK MF, 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.

Authentication: 202898725

Date: 04-06-21

5031874 8300 SR# 20211183927