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(((H21000217088 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 : (305)374-7580 Fax Number : (305)351-2122

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

Email Address:\_\_

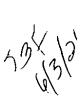
## Foreign Limited Liability Company

## LS-VEH LLC

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H21000217088-3

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPHANCE WITH SECTION (05.0902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L LS-VEH LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC") (if rame univaliable, eract alterrate name adopted for the purpose of transacting business in Florida. The alterrate name must include "Limited Liability Company," "L.L.C." or "ELC.")

2	Delaware		3.	(FE camber d	applicable)		
	Juned Etion under the law of wh	ich foreign limited læbility company is organized)		(Caramon, a)			
4		(Date first transacted business in Florids, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	lability)	<del></del>		
5. (Stree	660 Newport Center D	rive, Suite 300	6.	660 Newport Center Drive, St (Mailing Address)	aite 300		
	Newport Beach, CA 92	2660		Newport Beach, CA 92660		2021 JUN	
-					72.7 73.1 74.1	<u>⊓₩</u> -2	
7. i	Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)		۱ ¥ظ	Second Se
	Name:	Corporation Service Company		<del></del>		PM 4: 20	\u_43
	Office Address:	1201 Hays Street					
		Tallahassee (Cav)		, Florida 32301-2525 (Zup cede)	_ <del></del>		

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.

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

Fitle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
<u>N</u> i Manager	Name: Landsca Homes- WAB 2 LLC	□Manager	Name:	
∐Member	Address: 660 Newport Center Drive, Suite 300	□Member	Address:	
∐Authorized	Newport Beach, CA 92660	□ Authorized		
Person		Person		
⊡Other	□Other	⊡Other		□Other
∏Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<del></del>	
□Other	□Other	□Other		□Other <b>22</b>
□Manager	Name:	□Manager	Name:	JUN -2
[]Member	Address:	□Member	Address.	
[] Authorized		□Authorized		Po + 100
Person		Person		F 0
□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.

/s/Franco Tenerelli	
	Signature of an authorized person
Franco Tenerelli	
	Typed or protect name of signer

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LS-VEH 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-EIGHTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LS-VEH LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

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



5945649 8300 SR# 20212234490

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

Authentication: 203324189

Date: 05-28-21