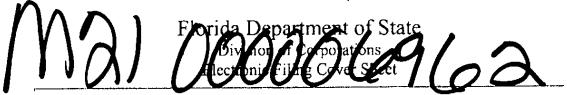
6/2/2021

Division of Corporations



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.

(((H21000219025 3)))



H210002190253ABCW

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

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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 **DHIC - NONA WEST, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

HONOR ORIGINAL DATE 06-02-2021

From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF HORIDA DHIC - Nona West, LLC (Name of Foreign Limited Liability Company) must include "Limited Liability Company" [LLC] or "LLC") (f) name unavailable, enter alternate name adopted for the purpose of transacting business or Florida. The alternate name must include "Launted Fluridate Company," "L.L. C." or "EFC or Delaware (invisite to a under the law of which foreign limited liability company is organized) (Pale first transacted business in Flunds of prior transportation) (See sections 605 0004 & 605,0005, f. 8. to determine penalty liability) 1341 Horton Circle, Arlington, TN 76011 1341 Horton Circle, Arlington, TX 76011 J. (Street Address of Principal Office) 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) C.T. Corporation System. Name 1200 South Pine Island Road Office Address: Plantation (City) 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. C.T. Corporation System (Registered agent's signature) Lisa D. DuBois. Assistant Secretary

From: Ranae McGraw

Page: 4 of 5

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
 □Manager	Name: DIII Communities II, LLC	□ Manager	Name	
⊡Member	Address: 1341 Horton Circle	□Member	Address	<u></u>
□Authorized	Arlington, TX 76011	☐ Authorized		
Person		Person		
□Other	⊒Other	()ther	,	Other
□Manager	Name:	□ Manager	Name	
□Member	Address:	☐ Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	Other	Cother]Other
∐Manager	Name:	⊡Manager	Name:	
□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.

Thomas B. Montaño

Typed or printed name of signice



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DHIC - NONA WEST, 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 SECOND DAY OF JUNE, A.D. 2021.

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

e at corp.delaware.gov/auth

Authentication: 203343337

Date: 06-02-21