7/26/20:

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.

(((H21000284379 3)))



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

Fax Number

: (614)280-3338 : (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:					
	Email	Addancer			

Foreign Limited Liability Company

**Britton (North Port) TRS LLC** 

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

Electronic Filing Menu

Corporate Filing Menu

Help

Britton (North Port) TRS LEC.

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

IN COMPLIANCE WITH SECTION 4050/AD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORTION LIMITED HABILITY COMPAN' TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name anavadable, enter alternate n	ame adopted to the purpose of transacting business in Flo	orida, Fier	alternate came must meluce "Limited Lightlin	ly Company," "L!	L.C." ar "L	
Delaware		3.	87-1654991			
(Jurisdiction under the law of wh	high fereign limited liability company is organized)	٥.	If El number, it	er, if applicable j		
	(Date first transacted business in Florida, if prior to i (See sections 605-6964 & 605.0905, F.S. to determine	registration ine pensilty	) Eability (		~	
2711 N. Haskell Avenu		6	2711 N. Haskell Avenue	, (4 ,	J 1202	
eet Address of Principal Office)		· · ·	(Mailing Address)		=	
Suite 1700			Suite 1700		JIL 26	
Dallas, TX 75204		-	Dallas, TX 75204		6 Hd	
Name and stream addess	5 of Florida registered agent: (P.O. Box	More a	ogopy dolo		<b>9</b>	
Name and <u>street addres</u>	s of Florida registered agent. (F.C), hox	<u>NUL</u> a	есеркаоте ј			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
Office Address.	Plantation	-	33324			
	(Cuy)	•	, Florida (Zin 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.

CT Corporation System

By: Gleent Gulery Mark Holloway, Asst. Secretary

(Registefed agent's signature)

8.	For ir	nitial	indexing pur	poses,	list names,	title or ca	ipacity a	nd addresses	of the primary	members/	managers or	persons	authorized to
			six (6) total]									•	

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: Britton (North Port) LLC	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
■Member	Address:	□Member	Address:	
□Authorized	Suite 1700	☐ Authorized		
Person	Dallas, TX 75204	Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		202
□Other	Other	Other		□Other <u></u> ∴ m
				26
□Manager	Name:	□Manager	Name:	P 5
□Member	Address:	□Member	Address:	ල <u>ම</u>
□Authorized		□Authorized		<u> </u>
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.

Signature of an authorized person

Laura P. Sims, President

Typed or printed name of signee



Page 1

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

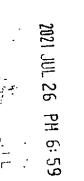
DELAWARE, DO HEREBY CERTIFY "BRITTON (NORTH PORT) TRS LLC" IS DULY

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-SIXTH DAY OF JULY, A.D. 2021.

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



Authentication: 203761694

Date: 07-26-21