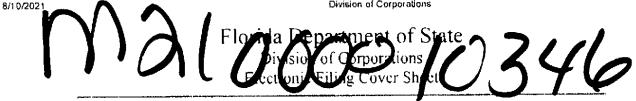
Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Fax Number

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

EMA11	Address:		 	

Foreign Limited Liability Company MADISON AMERICAN COCONUT POINT TRS, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

From: Kimberly Laughrey

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

IN COMPLIANCE WITH SECTION 805,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Madison American Coconut Point TRS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C." or "LLC.") (filtrame unavailable, enter alternate name adopted to the purpose of transacting business in Florida. The alternate many must include "Tamited Dalmitty Company," "L.L.C," or "LLC," or " Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (114 number, il applicable) (Date hist transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) One Towne Square One Towne Square (Mailing Address) (Street Address of Principal Office) Suite 1600 Suite 1600 Southfield, MI 48076 Southfield, MI 48076 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 Florida 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 relatige to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agen

Stephen Rullis, Vice President

To: 18506176383

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡ Manager	Name: Paul A. Stodulski	Manager	Name:
⊡Member	Address:	□Member	Address:
□ Authorized	Suite 1600	Authorized	
Person	Southfield, MI 48076	Person	
□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		\Box Authorized	
Person		Person	
□()ther		[]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	
Paul A. Stodulski	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MADISON AMERICAN COCONUT POINT 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-EIGHTH DAY OF JULY, A.D. 2021.

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

Authentication: 203788956

Date: 07-28-21

FAX COVER SHEET

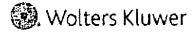
TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2021-08-10 07:33:56 CST
RE	MADISON AMERICAN BONITA SPRINGS TRS 1, LLC
13822776	

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Tori Wolfe Fulfillment Associate Fulfillment Operations CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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