

9/15/21, 12:00 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER
Account Number : I1998000047
Phone : (407)423-7656
Fax Number : (407)648-1743

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

Email Address: arecchio@foley.com

Foreign Limited Liability Company

Naples Livingston, LLC

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 15 2021
SEP 15 2021

H21000341917 3

NAPLES LIVINGSTON, LLC
100 Dunbar Street
Suite 400
Spartanburg, South Carolina 29308

September 14, 2021

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Written Consent to Use of Name


Dear Sir or Madam:

On September 14, 2021, Naples Livingston LLC, a Florida limited liability company (the "Converting Entity"), became Naples Livingston, LLC, a Delaware limited liability company (the "Converted Entity"), by filing Articles of Conversion with the Department of State. The Converted Entity desires to file an Application for Authorization to Transact Business in Florida (the "Foreign Qualification Application"), under the name Naples Livingston, LLC.

This letter serves as the written consent of the Converting Entity to the registration of the name Naples Livingston, LLC by the Converted Entity and shall be filed with the Department of State at the time of filing of the Foreign Qualification Application by the Converted Entity.

Respectfully yours,

NAPLES LIVINGSTON, LLC

By: 
Dan C. Breeden, Jr.
Authorized Representative

FILED
2021 SEP 15 PM 11:23
TALLAHASSEE, FL
FIDELITY & BOND

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Naples Livingston, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2 Delaware 3. 83-1501878
 (Jurisdiction under the laws of which foreign limited liability company is organized) (FEI number, if applicable)

4 _____
 (Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

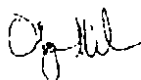
5. 100 Dunbar Street, Suite 400 6. 100 Dunbar Street, Suite 400
 (Street Address of Principal Office) (Mailing Address)
c/o Johnson Development Associates, Inc. c/o Johnson Development Associates, Inc.
Spartanburg, SC 29306 Spartanburg, SC 29306

7 Name and street address of Florida registered agent (P O Box NOT acceptable)

Name: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip 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.



Olga Hinkel, VP

(Registered agent's signature)

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H21000341917 3

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TALLAHASSEE, FL 32301


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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Naples Livingston Holdings, LLC		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	100 Dunbar Street, Suite 400		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person		c/o Johnson Development Associates, Inc Spartanburg, SC 29306		<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

Dan C. Breeden, Jr.

Typed or printed name of signer

H21000341917 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPLES LIVINGSTON, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

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2021 SEP 15 PM 4:23
JALLAHASSI@DEL.DOT.GOV



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SR# 20213241326

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204154348

Date: 09-14-21