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Division of Corporations

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Florida Department of State  
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**Foreign Limited Liability Company  
Miramar Multifamily Owner, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Miramar Multifamily Owner, 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. n/a  
(Jurisdiction under the law 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 privity liability)

5. 3889 Maple Avenue, Suite 200 6. 3889 Maple Avenue, Suite 200  
(Street Address of Principal Office) (Mailing Address)  
Dallas, TX 75219 Dallas, TX 75219

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.

By: Mark Holloway Mark Holloway, Assistant Secretary  
(Registered agent's signature)

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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 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: SCH 127 Miramar, L.P.	<input type="checkbox"/> Manager	Name: James Berardinelli
<input checked="" type="checkbox"/> Member	Address: 3889 Maple Ave, Suite 200	<input type="checkbox"/> Member	Address: 3715 Northside Parkway
<input type="checkbox"/> Authorized	Dallas, TX 75219	<input checked="" type="checkbox"/> Authorized	Suite 1-200
Person		Person	Atlanta, GA 30327
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Donna Kruger	<input type="checkbox"/> Manager	Name: Sean D. Rae
<input type="checkbox"/> Member	Address: 3715 Northside Parkway	<input type="checkbox"/> Member	Address: 3889 Maple Avenue, Suite 200
<input checked="" type="checkbox"/> Authorized	Suite 1-200	<input checked="" type="checkbox"/> Authorized	Dallas, TX 75219
Person	Atlanta, GA 30327	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Nadia Beagles	<input type="checkbox"/> Manager	Name: Leonard W. Wood, Jr.
<input type="checkbox"/> Member	Address: 3889 Maple Avenue	<input type="checkbox"/> Member	Address: 3715 Northside Parkway
<input checked="" type="checkbox"/> Authorized	Dallas, TX 75219	<input checked="" type="checkbox"/> Authorized	Suite 1-200
Person		Person	Atlanta, GA 30327
<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.

*Nadia Beagles*

Signature of an authorized person

Nadia Beagles, Vice President of Maple Multi-Family Development, L.L.C., the general partner of SCH 127 Miramar, L.P., its member

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MIRAMAR MULTIFAMILY OWNER, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



6237630 8300

SR# 20213269754

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A 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 in a small font.

Authentication: 204183604

Date: 09-17-21