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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    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (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:_____
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Foreign Limited Liability Company
Ten Rocks MHP II LLC

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

Electronic Filing Menu Corporate Filing Menu Help

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. Ten Rocks MHP II 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. DE

   (Jurisdiction under the law of which foreign limited liability company is organized.)

3. 86-4002807

   (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. 1 Engle St, STE 201

   (Street Address of Principal Office)

   Englewood, NJ 07631

6. PO Box 249, 77 Engle St

   (Mailing Address)

   Englewood, NJ 07631

7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> 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: C T Corporation System   Sandra Zwjiack, 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name: Thomas Del Bosco	☐ Manager	Name: _____
☐ Member	Address: 1 Engle St STE 201	☐ Member	Address: _____
☐ Authorized	Englewood, NJ 07631	☐ Authorized	_____
Person	_____	Person	_____
☒ Other VP	☐ Other _____	☐ Other _____	☐ Other _____

☐ Manager	Name: Bryon Fields	☐ Manager	Name: _____
☐ Member	Address: 1 Engle St STE 201	☐ Member	Address: _____
☐ Authorized	Englewood, NJ 07631	☐ Authorized	_____
Person	_____	Person	_____
☒ Other VP	☐ Other _____	☐ Other _____	☐ Other _____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
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

Thomas Del Bosco
_____
Typed or printed name of signee

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Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TEN ROCKS MHP II 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 FIRST DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5876824 8300

SR# 20213405983

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204306450

Date: 10-01-21