

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M21000383580

**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.**

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**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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company  
SUNBELT MULTIFAMILY PROPERTIES LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

2021 OCT 14 PM 12:28

FALL AIDANCE, FLORIDA

2021 OCT 14 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## COVER LETTER

H21000383581

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Sunbelt Multifamily Properties, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrea Struble

Name of Person

Sunbelt Multifamily Properties, LLC

Firm/Company

11640 Arbor St Ste 202

Address

Omaha, NE 68144-5007

City/State and Zip Code

astruble@sunbeltmp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Struble

402

852-3282

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

H21000383581

**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. Sunbelt Multifamily Properties, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Nebraska 3. \_\_\_\_\_  
(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 penalty liability)

|  |   |
|--|---|
| 5. <u>11640 Arbor St</u><br>(Street Address of Principal Office) | 6. <u>11640 Arbor St</u><br>(Mailing Address) |
| <u>Ste 202</u>   | <u>Ste 202</u>                                |
| <u>Omaha, NE 68144-5007</u>                                      | <u>Omaha, NE 68144-5007</u>                   |

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E Park Ave Floor 2

Tallahassee, Florida 32301  
(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.

*Taylor Seay*

Taylor Seay, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

(Registered agent's signature)

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AND  
FILED  
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TALLAHASSEE, FL 32301  
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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: <u>Andrea Struble</u>          | <input checked="" type="checkbox"/> Manager | Name: <u>Amanda Torres</u>           |
| <input type="checkbox"/> Member                | Address: <u>11640 Arbor St</u>       | <input type="checkbox"/> Member             | Address: <u>11640 Arbor St</u>       |
| <input checked="" type="checkbox"/> Authorized | Ste 202                              | <input type="checkbox"/> Authorized         | Ste 202                              |
| Person   | <u>Omaha, NE 68144-5007</u>          | Person                                      | <u>Omaha, NE 68144-5007</u>          |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br>   |                                      | <br>  |                                      |
| <input type="checkbox"/> Manager               | Name: <u>Sharise Engel</u>           | <input type="checkbox"/> Manager            | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>11640 Arbor St</u>       | <input type="checkbox"/> Member             | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | Ste 202                              | <input type="checkbox"/> Authorized         | _____                                |
| Person   | <u>Omaha, NE 68144-5007</u>          | Person                                      | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br>   |                                      | <br>  |                                      |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager            | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized         | _____                                |
| Person   | _____                                | 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.

Andrea Struble

Signature of an authorized person

Andrea Struble

Typed or printed name of signee

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# STATE OF NEBRASKA

United States of America, } ss.  
State of Nebraska }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

**SUNBELT MULTIFAMILY PROPERTIES LLC**

**was duly formed under the laws of Nebraska on July 28, 2020;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement  
of Dissolution;**

**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

October 14, 2021

A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State

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