Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000030023
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.[1]

Email Address:

Foreign Limited Liability Company ASF/IP PRESERVE V, LLC

Certificate of Status	0
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Page Count	04
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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:

ASF/IP PRESERVE V,	LLC amited Liability Company; must include "Limite	si Liability Comm	any "TLC" or "LC")	
(Name of Foreign I	annited Liability Company; miss include Diame	d plantity Comp	any, target of the sy	
If the same diagrams and	me adopted for the purpose of transacting bitmiess in Flo	orida. The alternate r	name most methode "Limited Liability Compa	nny," "L.L.C." or "ELC.")
	ik adopted to the purpose of the second of the second			
Delaware (Oursdiction under the law of which foreign limited hability company is organized)		3		
(Jurisdaction under the law of whi	ch foreign innited trability company is organized)			
ł,	(Date first transacted business in Florida, if prior to 15cc sections 665 0904 & ii05 0905, F.S. to determ	registration) tine penalty helvility)		
225 NE Mizner Blvd.,	Suite 400	225 i	NE Mizner Blvd., Suite 400	
United Address of Principal Office)		6	(Mailing Address)	
Boca Raton, Florida 33		Воса	Raton, Florida 33432	
Boca Raton, Florida 5.1				
				~
		1=		7 5
7 Nome and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	table)	SECOL AND
, thine the <u>myser assite</u>				T 21
	Josh Procacci			S T
Name:			-	AM 10: 50 SEE, FL
	225 NE Mizner Blvd., Suite 400			72 S
Office Address:			-	£1; O
	Boca Raton		33432 , Florida	
	(City)		(Zipicosle)	

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.

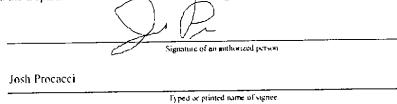
(City)

To: -18506176383

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]:

itle or Capacity:	Name and Address:	Title or Capacity	<u>r:</u>	Name and Address:
Manager	Name: ASF/IP Prescrye V JV, LLC	Manager Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized	225 NE Mizner Blvd., Suite 400	Authorized		
Person	Boça Raton, Florida 33432	Person		
Other	Other	Other		Other
]Manager	Name:	☐ Manager	Name:	
]Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		Other
]Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

- 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.





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

DELAWARE, DO HEREBY CERTIFY "ASF/IP PRESERVE V, 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 TWENTIETH DAY OF OCTOBER, A.D. 2021.

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

a at corp delaware gov/aut

Authentication: 204467145

Date: 10-20-21