

M21000014231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

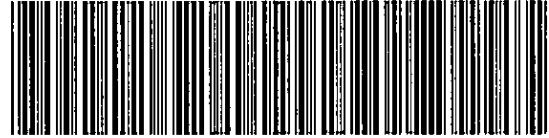
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2021 OCT 25 PM 12:56

OCT 27 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Edwards Student Housing Management Company, 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:

Jennifer McElfresh

Name of Person

Edwards Companies

Firm/Company

495 S. High Street, Suite 150

Address

Columbus, OH 43215

City/State and Zip Code

jmcelfresh@edwardscompanies.com

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

For further information concerning this matter, please call:

Jennifer McElfresh

614

221-1781

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

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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. Edwards Student Housing Management Company, 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. Ohio 3. 26-2290169
(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. 495 S. High Street, Suite 150 6. 495 S. High Street, Suite 150
(Street Address of Principal Office) (Mailing Address)
Columbus, OH 43215 Columbus, OH 43215

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

Name: NRAI Services, Inc.
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.

Stephanie Hencz **Stephanie Hencz**
(Registered agent's signature) **Assistant Secretary**

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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:**

☐ Manager Name: Jeffrey W. Edwards

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other CEO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Nathan K. Rivard

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: John A. Leibold

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: Thomas E. Magers

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: Kimberly A. Ulle

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: T.A. Ward II

☐ Member Address: 495 S. High Street, Suite 150

☐ Authorized Columbus, OH 43215

Person _____

☒ Other Secretary ☐ 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.

Jeffrey W. Edwards
Signature of an authorized person

JEFFREY W. EDWARDS
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EDWARDS STUDENT HOUSING MANAGEMENT COMPANY, LLC, an Ohio Limited Liability Company, Registration Number 1765260, was organized within the State of Ohio on March 10, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of October, A.D. 2021.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202129400562



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2021

JENNIFER MCELFRESH
EDWARDS COMPANIES
495 S. HIGH STREET, SUITE 150
COLUMBUS, OH 43215

SUBJECT: EDWARDS STUDENT HOUSING MANAGEMENT COMPANY, LLC
Ref. Number: W21000130974

We have received your document for EDWARDS STUDENT HOUSING MANAGEMENT COMPANY, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. ~~A photocopy of this certificate is not acceptable.~~

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 821A00023725

RECEIVED
OCT 25 2021