

11/9/21, 1:42 PM

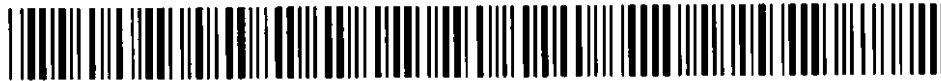
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : FOLEY & LARDNER
Account Number : I19980000047
Phone : (407)423-7656
Fax Number : (407)648-1743

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2021 NOV -9 PM 1:20
TALLAHASSEE, FL

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

Email Address: arecchio@foley.com

**Foreign Limited Liability Company
Holmes PropCo LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FL

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Corporate Filing Menu

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S. ROBERTS

NOV - 3 2021

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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 Holmes PropCo 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 New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3
(FEE 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 18 Keech Briar Lane
(Street Address of Principal Office)

6 18 Keech Briar Lane
(Mailing Address)

Pompton Plains, New Jersey 07444

Pompton Plains, New Jersey 07444

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

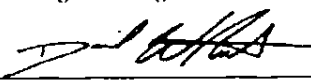
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

David Westcott
Assistant Secretary


(Registered agent's signature)

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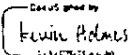
3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Stephen Paul Holmes</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bonnie L. Holmes</u>
<input type="checkbox"/> Member	Address <u>18 Keech Briar Lane</u>	<input type="checkbox"/> Member	Address <u>18 Keech Briar Lane</u>
<input type="checkbox"/> Authorized	<u>Pompton Plains, New Jersey 07444</u>	<input type="checkbox"/> Authorized	<u>Pompton Plains, New Jersey 07444</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	Name: <u>Kelly Karcher</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Kevin Holmes</u>
<input type="checkbox"/> Member	Address <u>18 Keech Briar Lane</u>	<input type="checkbox"/> Member	Address <u>18 Keech Briar Lane</u>
<input type="checkbox"/> Authorized	<u>Pompton Plains, New Jersey 07444</u>	<input type="checkbox"/> Authorized	<u>Pompton Plains, New Jersey 07444</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	Name <u>Julie Stasiak</u>	 <input type="checkbox"/> Manager	Name <u></u>
<input type="checkbox"/> Member	Address <u>18 Keech Briar Lane</u>	<input type="checkbox"/> Member	Address <u></u>
<input type="checkbox"/> Authorized	<u>Pompton Plains, New Jersey 07444</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Executed by

 Kevin Holmes

Signature of an authorized person

Kevin Holmes

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

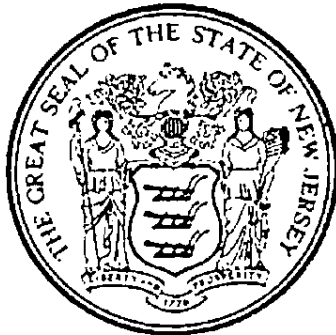
HOLMES PROPCO LLC
0600470722

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 04, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

STEPHEN PAUL HOLMES
18 KEECH BRIAR LN
POMPTON PLAINS, NJ 07444



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of November, 2021*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6125057227

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp