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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ASAP LAW, PLLC  
Account Number : 120190000038  
Phone : (407)461-9885  
Fax Number : (407)641-8159

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ALBANY, GA

Foreign Limited Liability Company  
FORD CITY MOTOR LOFTS OF SALISBURY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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S. HAWKES  
DEC - 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FORD CITY MOTOR LOFTS OF SALISBURY, 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:

MYLIKA MORTON, CPA ESQ  
Name of Person  
ASAP LAW, PLLC  
Firm/Company  
111 N ORANGE AVE STE 800  
Address  
ORLANDO, FL 32801  
City/State and Zip Code  
MYMORTON@ASAPLAWFIRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYLIKA MORTON at (407) 461-9885  
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

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. FORD CITY MOTOR LOFTS OF SALISBURY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FORD CITY MOTOR LOFTS OF SALISBURY - OCCOA, 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. NORTH CAROLINA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 87-3243700 (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. 700 Generation Point
(Street Address of Principal Office)
Kissimmee, FL 34744

6. 700 Generation Point
(Mailing Address)
Kissimmee, FL 34744

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STATE
16 PM 3:18

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

Name: OSCEOLA COUNTY COUNCIL ON AGING, INC
Office Address: 700 Generation Point
Kissimmee, Florida 34744
(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.

(Registered agent's signature)

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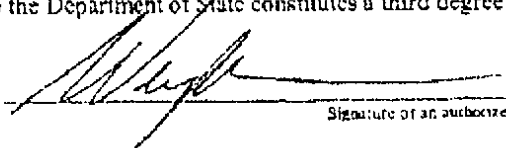
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: OSCEOLA COUNTY COUNCIL	<input checked="" type="checkbox"/> Manager	Name: THE MID-ATLANTIC FOUNDA
<input checked="" type="checkbox"/> Member	Address: 700 Generation Point	<input checked="" type="checkbox"/> Member	Address: 106 E. Walnut Street
<input type="checkbox"/> Authorized Person	Kissimmee, FL 34744	<input type="checkbox"/> Authorized Person	Goldsboro, NC 27533
<input type="checkbox"/> Other	Attn: Wendy Ford	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

WENDY FORD as CEO of Osceola County Council on Aging Inc  
 \_\_\_\_\_  
 Typed or printed name of signer

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# NORTH CAROLINA

## Department of the Secretary of State

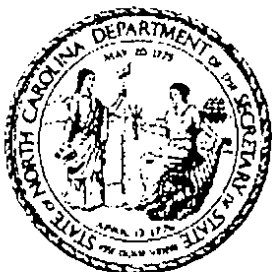
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **FORD CITY MOTOR LOFTS OF SALISBURY, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 1st day of October, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of December, 2021.

*Elaine F. Marshall*

Secretary of State