

1/13/22, 5:53 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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.****

Email Address: _____

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2022 JAN 14 PM 12:50
TALLAHASSEE, FL

2022 JAN 14 PM 3:14
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Foreign Limited Liability Company
Prose Horizons West Alliance, LLC

S. FRANKLIN

JAN 18 2022

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

Electronic Filing Menu

Corporate Filing Menu

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:

1. Prose Horizons West Alliance, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FID number, if applicable)

4. 1/15/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0902, F.S., to determine penalty liability)

5. 7135 E. Camelback Rd., Ste. 300
(Street Address of Principal Office)

6. 7135 E. Camelback Rd., Ste. 300
(Mailing Address)

Scottsdale, AZ 85251

Scottsdale, AZ 85251

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

Name: CT Corporation System

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.

CT Corporation System

By: Brian Bell

(Registered agent's signature)

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HALL COUNTY FL

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: Patrick W. Dukes

☒ Member Address: 355 NE Ford St

☐ Authorized McMinnville, OR 97128

Person

☐ Other ☐ Other

☐ Manager Name: HRE Holdings, LLC

☒ Member Address: 7136 E Camelback Rd., #360

☐ Authorized Scottsdale, AZ 85251

Person

☐ Other ☐ Other

☐ Manager Name: John T. Rippel

☒ Member Address: 820 Gessner, Suite 1000

☐ Authorized Houston, TX 77024

Person

☐ Other ☐ Other

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

☐ Manager Name: Baker Street Holdings, LLC

☒ Member Address: 7135 E Camelback Rd., #360

☐ Authorized Scottsdale, AZ 85251

Person

☐ Other ☐ Other

☐ Manager Name: Brian P. Austin

☒ Member Address: 820 Gessner, Suite 1000

☐ Authorized Houston, TX 77024

Person

☐ Other ☐ Other

☐ Manager Name: Robert C. Anderson

☒ Member Address: 222 West Comstock Ave., #115

☐ Authorized Winter Park, FL 32789


Person

☐ Other ☐ 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

Patrick W. Dukes

Typed or printed name of signer

8. Names of Members (cont.)

Nicholas J. Chapman 7135 E. Camelback Road, Suite 360
Scottsdale, Arizona 85251

Michael J. Ging 1800 Boca Center,
1800 North Military Trail, Suite 250
Boca Raton, Florida 33431

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ALAMOSA, FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROSE HORIZONS WEST ALLIANCE, 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 ELEVENTH DAY OF JANUARY, A.D. 2022.

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

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TALLAHASSEE, FL



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SR# 20220094043

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202371937

Date: 01-11-22