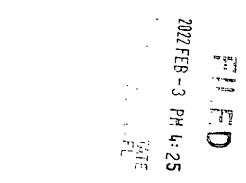
M220000 1788

(Requestor's Name)
(Address)
(Address)
(1111000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 FEB - 3 PM 3: 47

S. FRANKLIN FEB 0 4 2022 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 443247 7719697 AUTHORIZATION : Special Control of the c	ノ						
ORDER DATE : January 31, 2022 ORDER TIME : 2:40 PM ORDER NO. : 443247-055 CUSTOMER NO: 7719697		2022 FEB					
FOREIGN FILINGS NAME: DS HOMOSASSA FL LANDLORD, LLC		3 +3 PM 4: 25					
XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

		COVER LETTER				
	istration Section sion of Corporations					
SUBJECT:	DS Homosassa FL Landlord, LLC					
-	Nam	e of Limited Liability Company				
The enclosed Existence, and	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business i referenced foreign limited liability company to tra	n Florida." nsact busin	Certific ess in F	ate of lorida.	
Please return	all correspondence concerning this matter t	o the following:				
	Linda Troutman					
	Name of Person					
SunTrust Equity Funding, LLC						
		Firm/Company				
	3333 Peachtree Road, NE, 7th Flo	or				
	41	Address				
	Atlanta, GA 30326			202		
City/State and Zip Code				<u> 2</u> Fi	a. 7=1	
	linda.troutman@truist.com		-	EB -	is interest security in	
	E-mail address: (to be	used for future annual report notification)		ယ	- 17 E	
For further inf	formation concerning this matter, please cal	II:	:. 	:h Hd		
Lind	a Troutman	404 926-5386 at ()	77) (1)	: 25		
	Name of Contact Person	Area Code Daytime Telephone ?	Vumber			
	ing Address:	Street Address:				
	istration Section	Registration Section				
	Division of Corporations Division of Corporations					
P.O.	P.O. Box 6327 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

Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DS Homosassa FL L	andlord, LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compo	iny," "L.I. C.," or "LI.C.")			_
						_
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liab	lity Company," "	L.L.C," or	"LLC,";
Delaware 2.		42-1 3	563209			
(Jurisdiction under the law of which foreign limited liability company is organized)		···	if applicable)		_	
4.						
*·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liability)		_		
3333 Peachtree Road, NE, 7th Floor 5.			Peachtree Road, NE,	7th Floor		
O. (Street Address of Principal Office)		O	dailing Address)			_
Atlanta, GA 30326		Atlan	ta, GA 30326			
						_
					2022	_
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT accepta	ible)	,	2 FEB	enfler
		·		<u></u>	ယ်	er . fab
N.	Corporation Service Company					
Name:					خ <i>د</i> 	مد. وريا
Office Address:	1201 Hays Street			, P <u>i</u>	PH 4: 25	
	Tallahassee		32301 . Florida			
	(Civ)		, PTOFIGH(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.

Corporation Service Company

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:	Title or Capacity:		Name and Address:			
■Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:	<u> </u>			
□Authorized	3333 Peachtree Road, NE, 7th Fl.	□Authorized		<u>.</u>			
Person	Atlanta, GA 30326	Person					
Other	Other	□Other		Other			
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person		2022 FEB			
□Other	Other	Other					
□Manager	Name:	□Manager	Name:	3			
□Member	Address:	□Member	Address:	~ · · · · · · · · · · · · · · · · · · ·			
□Authorized	<u> </u>	□Authorized					
Person		Person					
□Other		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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DS HOMOSASSA FL LANDLORD, 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 THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DS HOMOSASSA FL LANDLORD, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2022.

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

2022 FEB - 3 PH 4: 25



Authentication: 202566030

Date: 02-03-22

6578985 8300 SR# 20220355710