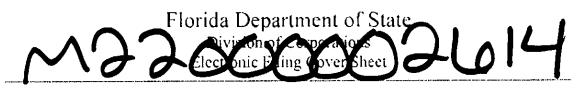
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000056913 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA000030023 Phone : (954)208-0845 Fax Number : (614)573-3996 Please honor original date 02/11/2022

Help

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

Email Address:

Foreign Limited Liability Company Cottage Grove Capital, LLC Certificate of Status Certified Copy 1 Page Count Page Count Estimated Charge S155.00 FILED FILED

Please honor original date 02/11/2022

Corporate Filing Menu

Electronic Filing Menu

Page: 3 of 5

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

IN COMPLIANCE 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:

name unavailable, enter alternate n	arite adopted for the purpose of transacting business in Fk	nida. The o	lternate name must melude "Emailed Liab	hty Company,""L L C," or '	-LLC	
Delaware			87-4497126 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		J.	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to a	egistration	1			
	(See sections 805,090) & 605,0905, F.S. to determine	ne penalty l	ability)			
31200 Northwestern Highway			31200 Northwestern Highway (Mading Address)			
eet Address of Principal Office)		•	(Mailing Address)		_	
Farmington Hills, MI 48334			Farmington Hills, MI 48334			
		-		202		
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	eceptable)	FEB 1.1	- - -	
Name:	CT Corporation System			PH :	EO	
Office Address:	1200 South Pine Island Road		<u> </u>	3: 55		
	Plantation		33324 , Florida	<u></u>		
	(City)		(Zip code)			

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.

By Stephanie Hencz

CT Curporation System

Assistant Secretary

(Registered agent's signature)

From: Kaity Toon

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]:

2022-02-16 15:30:40 PST

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
∐Manager	Name: Cottage Grove JV LLC	I Manager	Name: Ross H. Partrich
	Address: 31200 Northwestern Highway	□Member	Address: 31200 Northwestern Highway
☐ Authorized	Farmington Hills, MI 48334	■ Authorized	Farmington Hills, MI 48334
Person		Person	
□Other	Other	_Other	Other
□Manager	Name:	I Manager	Name: Katherine L. Hammers
□Member	Address:		Address: Honigman LLP
☐ Authorized			39400 Woodward Ave., Suite 101
Person		Person	Bloomfield Hills, MI 48304
□Other	□ Other	□Other	Other
☐ Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		— Authorized	
Person	····	Person	
□Other	Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

Katherine L. Harmoners.

Signature of an authorized person Katherine L. Hammers, Authorized Person



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

DELAWARE, DO HEREBY CERTIFY "COTTAGE GROVE CAPITAL, 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 FEBRUARY, A.D. 2022.

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

e at corp. delaware gov/authye

Authentication: 202642132

Date: 02-11-22