

3/22/22 11:34 AM

Division of Corporations

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Florida Department of State  
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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP  
Account Number : 075350000132  
Phone : (305)374-7580  
Fax Number : (305)351-2122

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**Foreign Limited Liability Company  
PRCP-FL Stuart Heritage Bay, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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

IN COMPLIANCE WITH SECTION 895.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTRATION BY A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 PRCP-FL Stuart Heritage Bay, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP.")

2 Delaware 3 SS-1049903

(State or territory under the laws of which foreign limited liability company is organized)

(LL number, if applicable)

4 N/A

(State and transacted business in Florida, if prior to registration)  
(See sections 895.003 & 895.004, F.S., to determine penalty liability.)

5 10455 Riverside Drive, Suite 200

6 10455 Riverside Drive, Suite 200

(Street Address of Principal Office)

(Mailing Address)

Palm Beach Gardens, FL 33410

Palm Beach Gardens, FL 33410

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

Name: Andrea Aboulhosen

Office Address: 10455 Riverside Drive, Suite 200

Palm Beach Gardens

33410

Florida

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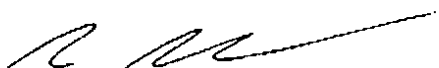
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name <u>David N. Khoury</u>	<input type="checkbox"/> Manager	Name <u>George W. Banks</u>
<input type="checkbox"/> Member	Address <u>10455 Riverside Drive</u>	<input type="checkbox"/> Member	Address <u>10455 Riverside Drive</u>
<input checked="" type="checkbox"/> Authorized	Suite <u>200</u>	<input checked="" type="checkbox"/> Authorized	Suite <u>200</u>
Person	<u>Palm Beach Gardens, FL 33410</u>	Person	<u>Palm Beach Gardens, FL 33410</u>
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.17.155, F.S.



Signature of an authorized person

David N. Khoury, Authorized Signatory

Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRCP-FL STUART HERITAGE RAY, 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 SEVENTH DAY OF MARCH, A.D. 2022.

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



6657219 8300

SR# 20220907449

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", 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: 202844835

Date: 03-07-22