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Florida Department of State
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Email Address: nangelakos@kolter.com

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**Foreign Limited Liability Company
CRE-KL SEMINOLE WOODS OWNER, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

S. FRANKLIN

MAR 30 2022

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. CRE-KL SEMINOLE WOODS OWNER,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 87-3662805
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 105 NE 1st Street 105 NE1st Street
(Street Address of Principal Office) (Mailing Address)
Delray Beach, FL 33444 Delray Beach, FL 33444

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) , Florida (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

By: /s/ Charlene Sati
Charlene Sati, Asst. Secretary (Registered agent's signature)

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FILED

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: Robert L. Julien

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Thomas E. Wagner

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Derek N. Sudan

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

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

☐ Manager Name: Howard Erbstein

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Joseph P. Sciacca

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: CRE-KL RESI HOEDCO, LLC

☒ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

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.

Robert L. Julien

Signature of an authorized person

/s/ Robert L. Julien

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 "CRE-KL SEMINOLE WOODS OWNER, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRE-KL SEMINOLE WOODS OWNER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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

2022 MAR 29 PM 12:32



6389870 8300

SR# 20221196330

You may verify this certificate online at corp.delaware.gov/authver.shtml

A 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 in a small font.

Authentication: 203029465

Date: 03-28-22