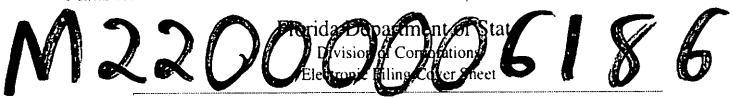
Division of Corporations



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.

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To:				PR
	Division of Cor	porations	-	2
	Fax Number	: (850)617-6383	•	
			i.	PH
From:			<u>:</u>	
		: CORPORATE CREATIONS INTERNATIONAL	INC.	
	Account Number		: '	5
		: (561)694-8107	, ,	•
	Fax Number	: (561)214-8442		
**Enter the annual	email address for report mailings.	r this business entity to be used for Enter only one email address please	r future	2
Email .	Address:			

University Drive LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS APR 2 0 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. University Drive LLC	Limited Liability Company; must include "Limite		Company WHILE HOWELLOW			-
`	Limited Liability Company; must include Limite	a Crabinty	Company, L.E.C., of Ecc.)			
N/A						
(If name unavailable, enter alternate r	same adopted for the purpose of transacting business in F	orida. The a	alternate name must include "Limited Liab	dity Company," "L.	L.C," or "I	LLC.7
Delaware 2. (Jarisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FFI number	, if applicable)		-
Upon filing of this app						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty l) hability)			
7900 Glades Road, Suite 500		6.	7900 Glades Road, Suite 500			
(Street Address of Principal Office)		•	(Mailing Address)			
Boca Raton, FL 33434			Boca Raton, FL 33434			
		-			2022 APR	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		20	- 7 4
Name:	Corporate Creations Network Inc.			1 (3) mr) m	PM 1:5	ئى ئ
Office Address:	801 US Highway 1			1 1	ø	
	North Palm Beach		33408 , 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.

Jenisa ?	1ris	garry		Jenisa	Irizarry,	Special	Secretary
	0	(Registered	ageni's signature)				

14154847068

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: Shane Hillsley	□Manager	Name: University Drive Holdings LLC
□Member	Address: 7900 Glades Road, Suite 500	■ Member	Address:
■ Authorized	Boca Raton, Florida 33434	□Authorized	Boca Raton, Florida 33434
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
Other	Other	□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 s.817.155, F.S.

Sill	
 Signature of an authorized person	
Shane Hillsley	
 Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSITY DRIVE 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-FIFTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSITY DRIVE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2022.

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

a at corn delawate sov/auth

Authentication: 203012940

Date: 03-25-22