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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

\*\*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 NSD Mission Grove, LLC

Certificate of Status	0
Certified Copy	U
Page Count	04
Estimated Charge	\$125.00

S. FRANKLIN Hel&PR 25 2022

4: 36 <u>:-</u> 2022 APR 2.2

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

From: Vcorp Services, LLC

IN COMPLIANCE WITH SECTION 605/602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORID I:

	Brove, LLC Limited Linbility Company; must include "Limited	d Liability Compan	y," "H. L.C.," or "LLC.")			
(If some mayorthible, one; alternate o	ame adopted for the purpose of transacting business in Fl	londs. The atternate us	me must include "Januted Lubshty	, Сешраву," "L	.1-C," or "L1	,('")
2. Delaware Guisdiction under the law of wi	nich foreign limited lichtlity company is organized)	3	(FEI munther, 15	applicable)		
4. upon filing	(Date first games ted to these in Florida, if prior to (See sections 903,1904 & 403,1905, F.S. to determ	regionation (		_		
5. 3322 West End A			West End Ave., St	e 325		
Nashville, Tenne	ssee 37203	Nash	ville, Tennessee 3	7203	2022 A	77.1
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptab	le)		APR 22 PH	
Nume:	Vcorp Services, LLC				վ է։ 06	- · ·
Office Address:	1200 South Pine Island Roa	d		•		
	Plantation		Florida 33324	_		
designated in this applica- to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	is registered age	ent and agree to act in th	iis capacity	:. I furth	er agrec
	Miriam Na	chison				

(Registered agent's signature)

From: Vcorp Services, LLC

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: Benjamin Inman	□Manager	Name:	<del></del>
□Member	Address: 3322 West End Ave., Ste 325	□Member	Address:	
□ Authorized	Nashville, Tennessee 37203	□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	(I)Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address.	
□Authorized		□ Authoriz <del>e</del> d		APR 2
Person		Person	<del></del>	, 2
□Other	Other	□Other		□Other
				06
□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 8.817.155, F.S.

	Riginature of an authorized person	
Benjamin Inman		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NSD MISSION GROVE, LLC" IS DULY FORMED

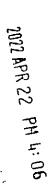
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NSD MISSION GROVE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2022.

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





6738170 8300 SR# 20221587365 Authentication: 203249046

Date: 04-22-22