

M220000006746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

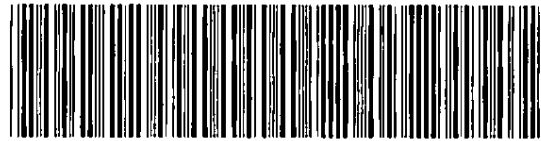
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 APR 29 AM 10:51  
TALLAHASSEE, FL

RECEIVED  
2022 APR 29 PM 4:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

S. ROBERTS

APR 29 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 645382 7292859

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$125.00

ORDER DATE : April 28, 2022

ORDER TIME : 2:59 PM

ORDER NO. : 645382-005

CUSTOMER NO: 7292859

FOREIGN FILINGS

NAME: CND-ACQUISITIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CND-Aquisitions, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Burchfield

\_\_\_\_\_  
Name of Person

Weekley Homes, LLC

\_\_\_\_\_  
Firm/Company

1111 North Post Oak Road

\_\_\_\_\_  
Address

Houston, Texas 77055

\_\_\_\_\_  
City/State and Zip Code

hhennessee@dwhomes.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hillary Hennessee

713

316-3311

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CND-Aquisitions, 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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(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)

1111 North Post Oak Road

5. (Street Address of Principal Office)

1111 North Post Oak Road

6. (Mailing Address)

Houston, Texas 77055

Houston, Texas 77055

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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:

Eylima Bahor

Assistant Vice President

(Registered agent's signature)

2022 APR 29 AM 10:51  
TALLAHASSEE, FL  
FBI

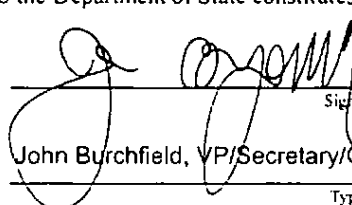
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                  |
|--|--|--|---|
| <input checked="" type="checkbox"/> Manager    | Name: <u>DM Weekley, Inc.</u>          | <input type="checkbox"/> Manager           | Name: <u>Classic Neighborhood Develop</u> |
| <input type="checkbox"/> Member                | Address: <u>1111 North Post Oak Rd</u> | <input checked="" type="checkbox"/> Member | Address: <u>1111 North Post Oak Rd</u>    |
| <input type="checkbox"/> Authorized            | <u>Houston, Texas 77055</u>            | <input type="checkbox"/> Authorized        | <u>Houston, Texas 77055</u>               |
| Person   | _____                                  | Person                                     | _____                                     |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Manager               | Name: <u>John Burchfield</u>           | <input type="checkbox"/> Manager           | Name: _____                               |
| <input type="checkbox"/> Member                | Address: <u>1111 North Post</u>        | <input type="checkbox"/> Member            | Address: _____                            |
| <input checked="" type="checkbox"/> Authorized | <u>Houston, Texas 77055</u>            | <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.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 John Burchfield, VP/Secretary/General Counsel of DM Weekley, Inc.  
 \_\_\_\_\_  
 Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CND-Acquisitions, LLC (file number 804458070), a Domestic Limited Liability Company (LLC), was filed in this office on March 03, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 29, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State