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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AT22 CANOPY PROPERTY 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:

MICHAEL B. BRODIGAN, ESQUIRE

Name of Person

BRODIGAN AND GARDINER, LLP

Firm/Company

40 BROAD STREET

Address

BOSTON, MA 02109

City/State and Zip Code

mbrodigan@brodiganlaw.com

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

For further information concerning this matter, please call:

Michael B. Brodigan

617

542-1871

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. AT22 CANOPY PROPERTY 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

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

3.

(FEI number, if applicable)

4/12/22

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

610 N. Wymore Road, Suite 200

610 N. Wymore Road, Suite 200

5. (Street Address of Principal Office)

6. (Mailing Address)

Maitland, FL 32751

Maitland, FL 32751

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

Name:

VICTORIA LACKEY

Office Address:

c/o Taurus Investment Holdings, LLC, 610 N.

Wymore Rd., Ste. 200, Maitland, FL

32751

(City)

, Florida

(Zip code)

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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.

Victoria Lackey
(Registered agent's signature)

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: Peter Merrigan
☐ Member Address: c/o Taurus Investment Holdings
☐ Authorized LLC, Two International Place, Ste. 2710
Person Boston, MA 02210
☐ Other ☐ Other

☒ Manager Name: Erik Rijnbout
☐ Member Address: c/o Taurus Investment Holdings
☐ Authorized LLC, Two International Place, Ste. 2710
Person Boston, MA 02210
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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

☒ Manager Name: Nancy Scotton
☐ Member Address: c/o Taurus Investment Holdings
☐ Authorized LLC, Two International Place, Ste. 2710
Person Boston, MA 02210
☐ Other ☐ Other

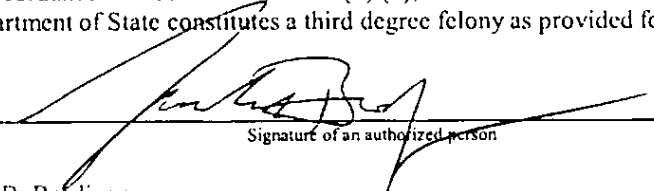
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
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.



Signature of an authorized person
Michael B. Brodigan

Typed or printed name of signer


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "AT22 CANOPY PROPERTY
LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF APRIL, A.D.
2022, AT 1:50 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6720543 8100
SR# 20221419960

Authentication: 203164900
Date: 04-13-22

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