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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ema1l	Address:			

## Foreign Limited Liability Company

## CS1031 COUNTRY LAKES VILLAGE MHC MASTER LESSEE, LLC

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S. ROBERTS

MAY 0 2 2022

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## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L CS1031 COUNTRY LAKES VILLAGE MHC MASTER LESSEE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, oner afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 10900 Nuckols Rd, Suite 200 10900 Nuckols Rd, Suite 200 (Mailing Address) (Street Address of Principal Office) Glen Allen, VA 23060 Glen Allen, VA 23060 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 E Park Avenue Floor 2 Office Address: \_, Florids \_32301 Tallahassœ (City)

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.

<u> </u>	Toylor Suy	Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	
(Resistant agents stones and			

\*\*\*\*\*\*\*\*\*\*

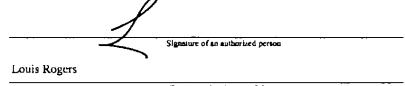
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Louis Rogers	☐ Manager Na	ıme:
□Member	Address: 10900 Nuckols Rd, Suite 200	□Member Ac	idress:
□Authorized	Glen Allen, VA 23060	□Authorized	
Person		Person	
Other	□ Other	□Other	Other
∏Manager	Name:	□Manager Na	ime:
□Member	Address:	-	idress:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager Na	ame:
□Member	Address:	□Member Ac	idress:
□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. 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.



Typed or printed name of signee

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## <u>Delaware</u>

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

DELAWARE, DO HEREBY CERTIFY "CS1031 COUNTRY LAKES VILLAGE MHC

MASTER LESSEE, 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-NINTH DAY OF

APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CS1031 COUNTRY LAKES VILLAGE MHC MASTER LESSEE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2022.

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

at corp delaware gov/auth

Authentication: 203305362

Date: 04-29-22