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Florida Department of State  
 Division of Corporations  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 MAY 12 PM 4:36

**Foreign Limited Liability Company**  
**COTTAGES AT CAPITAL CIRCLE FL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 MAY 12 AM 7:56

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cottages at Capital Circle FL, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(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 "L.L.C.")

2. Delaware (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 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 1776 Peachtree Street, NW (Street Address of Principal Office) Suite 100 Atlanta, GA 30309

6. 1776 Peachtree Street, NW (Mailing Address) Suite 100 Atlanta, GA 30309

2022 MAY 12 PM 4:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (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.

By: Laura R Broderick (Registered agent's signature) Laura R. Broderick, Asst. Secretary

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: J. Bradford Smith

Member Address: 1776 Peachtree Street, NW

Authorized Suite 100

Person Atlanta, GA 30309

Other                                   Other                                 

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

Manager Name: Keenan O'Brien

Member Address: 1776 Peachtree Street, NW

Authorized Suite 100

Person Atlanta, GA 30309

Other                                   Other                                 

Manager Name: Jeb Brees

Member Address: 1776 Peachtree Street, NW

Authorized Suite 100

Person Atlanta, GA 30309

Other                                   Other                                 

Manager Name: Nathan Pramik

Member Address: 1776 Peachtree Street, NW

Authorized Suite 100

Person Atlanta, GA 30309

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

J. Bradford Smith  
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COTTAGES AT CAPITAL CIRCLE FL, 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 ELEVENTH DAY OF MAY, A.D. 2022.

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



Handwritten signature of Jeffrey W. Bullock, Secretary of State, with a horizontal line underneath. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6755425 8300

SR# 20221913740

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203400205

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