

M22000008533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

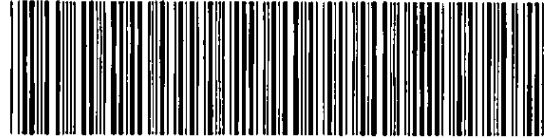
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -1 PM 4:08

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2022 JUN -1 AM 11:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. FRANKLIN

JUN 02 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 715391 7506958

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : May 31, 2022

ORDER TIME : 9:35 AM

ORDER NO. : 715391-005

CUSTOMER NO: 7506958

2022 JUN -1 PM 4:08

FOREIGN FILINGS

NAME: CC CLERMONT, 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: CC Clermont, 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:

Amy N. Wood

Name of Person

Cottonwood Communities

Firm/Company

1245 E Brickyard Road, Suite 250

Address

Salt Lake City, UT 84106

City/State and Zip Code

legal@cottonwoodres.com

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

For further information concerning this matter, please call:

Amy N. Wood

at (801)

278-0700

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

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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. CC Clermont, 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. 88-1671992
(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)

5. 1245 E Brickyard Road, Suite 250
(Street Address of Principal Office)

6. 1245 E Brickyard Road, Suite 250
(Mailing Address)

Salt Lake City, UT 84106
Salt Lake City, UT 84106

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By:

(Registered agent's signature)

Eylina Bahar
Assistant Vice President

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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:**

☐ Manager Name: Daniel Shaeffer

☐ Member Address: 1245 E Brickyard Road #250

☐ Authorized Salt Lake City, UT 84106

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: Gregg Christensen

☐ Member Address: 1245 E Brickyard Road #250

☐ Authorized Salt Lake City, UT 84106

Person _____

☒ Other CLO ☐ Other _____

☐ Manager Name: Enzo Cassinis

☐ Member Address: 1245 E Brickyard Road #250

☐ Authorized Salt Lake City, UT 84106

Person _____

☒ Other President ☐ Other _____

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

☐ Manager Name: Chad Christensen

☐ Member Address: 1245 E Brickyard Rd #250

☐ Authorized Salt Lake City, UT 84106

Person _____

☒ Other Exec Chairman ☐ Other _____

☐ Manager Name: Susan Hallenberg

☐ Member Address: 1245 E Brickyard Road #250

☐ Authorized Salt Lake City, UT 84106

Person _____

☒ Other CAO ☐ Other _____

☐ Manager Name: Adam Larson

☐ Member Address: 1245 E Brickyard Road #250

☐ Authorized Salt Lake City, UT 84106

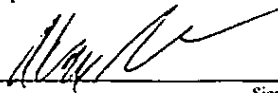
Person _____

☒ Other CFO ☐ 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

Adam Larson, Chief Financial Officer

Typed or printed name of signee

2022-10-11 PM 4:08

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CC CLERMONT, 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 THIRTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CC CLERMONT, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2022.

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

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Jeffrey W. Bullock, Secretary of State

6716788 8300

SR# 2022521614

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

Authentication: 203557420

Date: 05-31-22