

M 22000008847

(Requestor's Name)

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(City/State/Zip/Phone #)

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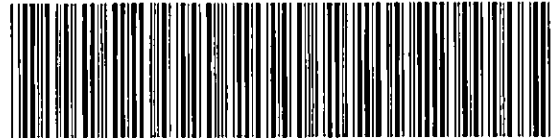
(Business Entity Name)

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ATLANTA, FLORIDA

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3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 06/07/2022

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Name:	PROSE LAKE LAND ALLIANCE, LLC
Document #:	
Order #:	14368841

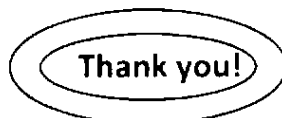
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Amount: \$ 155.00



**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. PROSE LAKELAND ALLIANCE, 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 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7135 E. Camelback Rd., Suite 300 6. 7135 E. Camelback Rd., Suite 300
(Street Address of Principal Office) (Mailing Address)
Scottsdale, AZ 85251 Scottsdale, AZ 85251

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

Name: CT 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.

C T Corporation System

(Registered agent signature)

Theresa Buck, Assistant Secretary

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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: Patrick W. Dukes

☒ Member Address: 335 NE Ford St.

☐ Authorized McMinnville, OR 97128

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Rippel Realty Holdings, Ltd.

☒ Member Address: 820 Gessner Rd., Ste. 1000

☐ Authorized Houston, TX 77024

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Baker Street Holdings, L.L.C.

☒ Member Address: 7135 E. Camelback Rd.

☐ Authorized Suite 300

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Nicholas J. Chapman

☒ Member Address: 7135 E. Camelback Rd.

☐ Authorized Suite 300

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

☐ Manager Name: HIRE Holdings, LLC

☒ Member Address: 7135 E. Camelback Rd.

☐ Authorized Suite 300

Person Scottsdale, AZ 85251

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

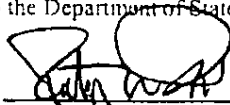
Person _____

☐ 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

Patrick W. Dukes, Member

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 "PROSE LAKELAND ALLIANCE, 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 FIRST DAY OF JUNE, A.D. 2022.

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

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6831506 8300

SR# 20222580616

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203570669

Date: 06-01-22