

M 22000008847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

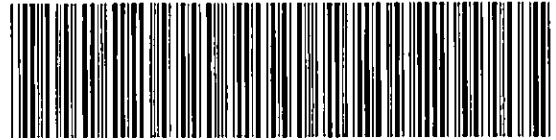
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

S. FRANKLIN

JUN 08 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 06/07/2022

Acc#I20160000072

*eric DW*

Name:	PROSE LAKELAND ALLIANCE, LLC
Document #:	
Order #:	14368841

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A (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 (Street Address of Principal Office)
6. 7135 E. Camelback Rd., Suite 300 (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

[Handwritten signature]

Theresa Buck, Assistant Secretary

(Registered agent's signature)

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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 \_\_\_\_\_

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: Rippel Realty Holdings, Ltd.

Member                      Address: 820 Gessner Rd., Ste. 1000

Authorized                      Houston, TX 77024

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: HIRE Holdings, LLC

Member                      Address: 7135 E. Camelback Rd.

Authorized                      Suite 300

Person                      Scottsdale, AZ 85251

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 \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

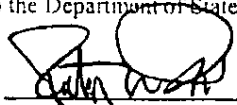
Other \_\_\_\_\_                       Other \_\_\_\_\_

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**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

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The First State

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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SR# 20222580616

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203570669

Date: 06-01-22