M22008	009074
(Requestor's Name) (Address) (Address)	800387910858
(City/State/Zip/Phone #)	05/20/2201024017 ++160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FUELED 2022 20 AM 8: 04 South West State

Office Use Only

.

.

COVER LETTER

TO: Registration Section Division of Corporations

Middleburg Management, LLC

SUBJECT: _

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:

Corey Gibson Name of Person Middleburg Communities, LLC Firm/Company 1921 Gallows Road, Suite 700 Address Vienna, VA 22182-3994 City/State and Zip Code cgibson@livemiddleburg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 291-6353 703 Corey Gibson at (Davtime Telephone Number Area Code Name of Contact Person Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check paya	ble to: FLORIDA DEPARTM	1E	NT OF STATE	
□ \$125.00 Filing Fee	🗆 \$130.00 Filing Fee &		\$155.00 Filing Fee &	🛛 🔳 \$160.00 Filing Fee, Certificate
•	Certificate of Statu	s	Certified Copy	of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Middleburg Management, LLC

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limit	ed Liability Company," "L.L.C," or "LLC,")
Virginia 2 (hirisdiction under the law of w	hich foreign limited liability company is organized)	46-0927391 3	number, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F S to determine	registration.) ne penalty liab(lity)	: :::::::::::::::::::::::::::::
1921 Gallows Road		6	<u> </u>
(Street Address of Principal Office) Suite 700		(Mailing Address) Suite 700	63
Vienna, VA 22182-39		Vienna, VA 22182-399	1-1
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation		

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.

Sander	سلفوتن
--------	--------

Sandra Zwijack, Assistant Secretary

(Registered agent < signature)

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: Middleburg Communities, LLC	□Manager	Name:Christopher C. Finlay	
Member Address:		□Member	Address:	
Authorized	Suite 700	Authorized	Suite 700	
Person	Vienna. VA 22182-3994	Person	Vienna, VA 22182-3994	
Other	Other	01her	Other	
□Manager	Name:	Manager	Name:	
⊡Member	Address:	□Member	Address:	
Authorized	Suite 700	■Authorized Person	Suite 700	
Person	Vienna, VA 22182-3994		Vienna, VA 22182-3994	
Other	Other	□Other	Other	
	Neuro	□Manager	Name:	
□Manager	Name:	Listanager		
□Member	Address:	□Member	Address:	
□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.

Signature of an authorized person

Corey Gibson

Typed or printed name of signee

Commontoralth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Middleburg Management, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 4, 2012; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 16, 2022

Bernard J. Logan, Clerk of the Commission