

M22000010819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

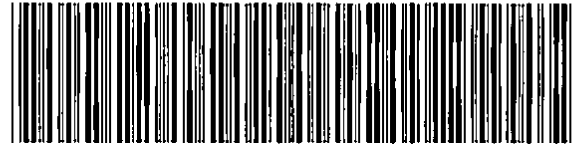
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



200390252402

New  
LLC  
Foreign

Division of Corporations  
TALLAHASSEE, FLORIDA

2022 JUL -6 PM 3:24

RECEIVED

JUL 13 2022

D CONNELL

Division of Corporations  
TALLAHASSEE, FLORIDA

2022 JUL -6 PM 4:18

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2022

CSC

SUBJECT: CTF DEVELOPMENT LLC  
Ref. Number: W22000090005

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for CTF DEVELOPMENT LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

We have received your document for CTF DEVELOPMENT LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

**WILL FILE NEW FOREIGN QUALIFICATION AS SOON AS THE WITHDRAWAL HAS BEEN FILED WITH OUR OFFICE.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor


Letter Number: 222A00015294

REGISTRATION  
TALLAHASSEE, FLORIDA

2022 JUL 12 PM 3:29

RECEIVED

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

ACCOUNT NO. : I20000000195  
REFERENCE : 777531 7633597  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : June 29, 2022  
ORDER TIME : 2:04 PM  
ORDER NO. : 777531-060  
CUSTOMER NO: 7633597

---

FOREIGN FILINGS

NAME: CTF DEVELOPMENT 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: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CTF DEVELOPMENT 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:

Bradley D. Hornbacher

\_\_\_\_\_  
Name of Person

CTF Development LLC

\_\_\_\_\_  
Firm/Company

1450 Brickell Avenue, Suite 2620

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

BH@ctfdi.com

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

For further information concerning this matter, please call:

Bradley D. Hornbacher

786

517-2929

at ( )

\_\_\_\_\_  
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

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. CTF DEVELOPMENT 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. (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. 1155 Connecticut Avenue, N.W.
(Street Address of Principal Office)

6. 1450 Brickell Avenue
(Mailing Address)

Suite 1200

Suite 2620

Washington, D.C. 20036

Miami, FL 33131

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)

FILED
2002 JUL -6 PM 4:14
TALLAHASSEE, FLORIDA

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: Alexis Weibnd, assistant vice president
(Corporation Service Company)
(Registered agent's 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:**  Manager **Name and Address:** Name: Karl Daniel Heining  
 Member Address: 1450 Brickell Ave.  
 Authorized Suite 2620  
 Person Miami, FL 33131  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: Patrick Gaffney  
 Member Address: 1450 Brickell Avenue  
 Authorized Suite 2620  
 Person Miami, FL 33131  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Daniel Sedlmayer  
 Member **Address:** 1155 Connecticut Ave., N.W.  
 Authorized Suite 1200  
 Person Washington, D.C. 20036  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Bradley D. Hornbacher  
 Member **Address:** 1450 Brickell Avenue  
 Authorized Suite 2620  
 Person Miami, FL 33131  
 Other \_\_\_\_\_  Other \_\_\_\_\_

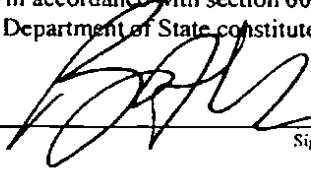
Manager **Name:** \_\_\_\_\_  
 Member **Address:** \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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  
 Bradley D. Hornbacher  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTF DEVELOPMENT 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 SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTF DEVELOPMENT LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2005.

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



4061094 8300

SR# 20222915530

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

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

Authentication: 203846068

Date: 07-06-22