Division of Corporations

9/12/22, 9:43 AM

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.

Account Number : I20020000137 Phone : (904)301-1269 : (904)301-1279 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ر ر ع 	Email Address:			2022
	Foreign Limited Liability Company Artea Multifamily, LLC		7. V 7.	71. 22 SEP 12
な	Certificate of Status	0		A.
2022	Certified Copy	0	5 f.k (10),	<u>م</u> ب
21	Page Count	03	B -	57
	Estimated Charge	\$125.00		_

T. LEMIEUX

SEP 1 3 2022

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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finame unavailable, amer alternate r	same adopted for the purpose of transacting business in Flor	ida. The s	Itemata name must include "Limited Liabi	ity Company," "L.L.C."	ж "L L C."		
Delaware			3				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI manber, if applicable)				
·	(Date first transauted business in Florids, if prior to a (See sections 605 0904 & 605.0905, F.S. to determine	egistration	a) linbility)				
c/o Corner Lot Development			c/o Comer Lot Developmen	t			
(Street Address of	(Street Address of Principal Office)		(Meiling Address)				
1819 Goodwin Street			1819 Goodwin Street				
Jacksonville, Florida 3	2204		Jacksonville, Florida 32204	3	2022		
Name and street addres	is of Florida registered agent: (P.O. Box	<u> 10/1</u>	acceptable)) (C v)	2022 SEP 12		
Name:	Contega Business Services, LLC			r Ji L Ordin	AM 9:		
Office Address:	One Independent Drive, Suite 1200			AD:	57		
	Jacksonville		32202 Florida				
	(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.

(Registered agent's signature)
By: Matthew G. Breuer, Executive 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: Manager Member Authorized Person Other	Name and Address: Name: Multifamily Partners Artea, LLC address: c/o Corner Lot Development Address: 1819 Goodwin Street Jacksonville, Florida 32204	Title or Capacity ☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	Name and Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager Member Authorized Person Other	Address:	Other
Manager Member Authorized Person Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:	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

Matthew G. Breuer, Authorized Representative

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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARTEA MULTIFAMILY, 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 SEPTEMBER, A.D. 2022.

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

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

Authentication: 204303465

Date: 09-01-22