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HONOLULU, HAWAII

SEP 14 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT22 LOFTON PLACE PROPERTY 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:

MICHAEL B. BRODIGAN, ESQUIRE

Name of Person

BRODIGAN AND GARDINER, LLP

Firm/Company

40 BROAD STREET

Address

BOSTON, MA 02109

City/State and Zip Code

mbrodigan@brodiganlaw.com

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

For further information concerning this matter, please call:

Michael B. Brodigan

617

542-1871

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

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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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AT22 LOFTON PLACE PROPERTY 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. AUGUST 31, 2022

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

5. 600 NORTHLAKE BOULEVARD, SUITE 130
(Street Address of Principal Office)

6. 600 NORTHLAKE BOULEVARD, SUITE 130
(Mailing Address)

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

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

Name: VICTORIA LACKEY

Office Address: c/o Taurus Investment Holdings, LLC, 600

Northlake Blvd., Suite 130, Altamonte Springs, Florida 32701
(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.

Victoria Lackey
(Registered agent's signature)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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: Peter Merrigan

☐ Member Address: c/o Taurus Investment Holdings

☐ Authorized LLC, Two International Place, Ste 2710,

Person Boston, MA 02210

☐ Other ☐ Other

☒ Manager Name: Erik Rijnbout

☐ Member Address: c/o Taurus Investment

☐ Authorized Holdings, LLC, Two International Place,

Person Ste. 2710, Boston, MA 02210

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Nancy Scotton

☐ Member Address: c/o Taurus Investment Holdings

☐ Authorized LLC, Two International Place, Ste 2710,

Person Boston, MA 02210

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

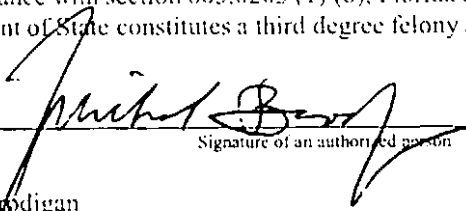
Person _____

☐ 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

Michael B. Brodigan

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AT22 LOFTON PLACE PROPERTY 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2022.



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SR# 20223409203

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.

Authentication: 204291282

Date: 08-31-22