

9/29/22, 12:00 PM

Division of Corporations

M22000015136

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

**Foreign Limited Liability Company
Prose Sabal Park Alliance Developer, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 SEP 29 PM 2:09

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SEP 30 2022

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 Sabal Park Alliance Developer, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DE

(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. 7135 E. Camelback Road, Suite 360

(Street Address of Principal Office)

Scottsdale, AZ 85251

6. 7135 E. Camelback Road, Suite 360

(Mailing Address)

Scottsdale, AZ 85251

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By: C T Corporation System
Meredith Hellwig, Assistant Secretary

(Registered agent's signature)

Meredith Hellwig

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CLERK OF DISTRICT COURT
STATE OF 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael J. Ging Family Trust</u>	<input type="checkbox"/> Manager	Name: <u>NJC Real Estate Holdings, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>1800 Boca Center</u>	<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>
<input type="checkbox"/> Authorized	<u>1800 North Military Trail, Suite 250</u>	<input type="checkbox"/> Authorized	<u>Suite 360</u>
Person	<u>Boca Raton, Florida 33431</u>	Person	<u>Scottsdale, Arizona 85251</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>John T. Rippel</u>	 <input type="checkbox"/> Manager	 Name: <u>Robert G. Weston, Jr.</u>
<input checked="" type="checkbox"/> Member	Address: <u>820 Gessner, Suite 1000</u>	<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>
<input type="checkbox"/> Authorized	<u>Houston, Texas 77024</u>	<input type="checkbox"/> Authorized	<u>Suite 360</u>
Person	_____	Person	<u>Scottsdale, Arizona 85251</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Robert C. Anderson</u>	<input type="checkbox"/> Manager	Name: <u>Brian P. Austin</u>
<input checked="" type="checkbox"/> Member	Address: <u>222 West Comstock Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>820 Gessner, Suite 1000</u>
<input type="checkbox"/> Authorized	<u>Suite 115</u>	<input type="checkbox"/> Authorized	<u>Houston, Texas 77024</u>
Person	<u>Winter Park, Florida 32789</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Baker Street Holdings, L.L.C.</u>	 <input type="checkbox"/> Manager	Name: <u>Patrick W. Dukes</u>
<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>355 NE Ford Street</u>
<input type="checkbox"/> Authorized	<u>Suite 360</u>	<input type="checkbox"/> Authorized	<u>McMinnville, Oregon 97128</u>
Person	<u>Scottsdale, Arizona 85251</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>HRE Holdings, L.L.C.</u>	 <input type="checkbox"/> Manager	Name: <u>Christie H. Jordan</u>
<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1720 Peachtree Street</u>
<input type="checkbox"/> Authorized	<u>Suite 360</u>	<input type="checkbox"/> Authorized	<u>Suite 150</u>
Person	<u>Scottsdale, Arizona 85251</u>	Person	<u>Atlanta, Georgia 30309</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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

V. Jay Hiemenz

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROSE SABAL PARK ALLIANCE DEVELOPER, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2022.

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



7051713 8300

SR# 20223651931

You may verify this certificate online at 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: 204510772

Date: 09-29-22