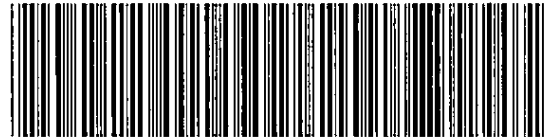


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Name:	PKY CLERMONT MF, LLC
Document #:	
Order #:	14563789

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Amount: \$ 155.00

Thank you!

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. PKY Clermont ME, 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. 88-3825196
(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. 800 N. Magnolia Avenue
(Street Address of Principal Office)

6. 800 N. Magnolia Avenue
(Mailing Address)

Suite 1625
Suite 1625

Orlando, Florida 32803
Orlando, Florida 32803

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, Florida 33324
(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.

Kathryn A. Whitehouse, Asst. Secretary
(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: **Name and Address:**

☒ Manager Name: PKY Clermont Owner, LLC

☐ Member Address: 800 N. Magnolia Avenue

☐ Authorized Suite 1625

Person Orlando, Florida 32803

☐ Other ☐ Other

☐ Manager Name: John Kosciulek

☐ Member Address: 800 N. Magnolia Avenue

☐ Authorized Suite 1625

Person Orlando, Florida 32803

☒ Other Vice President ☐ Other Treasurer

☐ Manager Name: Scott E. Francis

☐ Member Address: 800 N. Magnolia Avenue

☐ Authorized Suite 1625

Person Orlando, Florida 32803

☒ Other Vice President ☐ Other

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

☐ Manager Name: James R. Heistand

☐ Member Address: 800 N. Magnolia Avenue

☐ Authorized Suite 1625

Person Orlando, Florida 32803

☒ Other President ☐ Other

☐ Manager Name: A. Noni Holmes-Kidd

☐ Member Address: 800 N. Magnolia Avenue

☐ Authorized Suite 1625

Person Orlando, Florida 32803

☒ Other Vice President ☒ Other Secretary

☐ 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

A. Noni Holmes-Kidd, Authorized Person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PKY CLERMONT MF, 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-FIFTH DAY OF AUGUST, A.D. 2022.

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

2022
30
11:01



6968573 8300

SR# 20223357636

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204246174

Date: 08-25-22