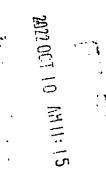
M22000015611

| · | (Requestor's Name) | | | | |
|---|--------------------------|--|--|--|--|
| (Address) | | | | | |
| | | | | | |
| | (Address) | | | | |
| - | (City/State/Zip/Phone #) | | | | |
| PICK-UF | P WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S. ROBERTS OCT 1 0 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 10/10/2022

| D | ate: | 10/10/2022 | _ |
|--|------------------------------|-------------------------|----------|
| | | Acc#I2016000007 | 2 4: CDW |
| Name: | J&L MHP I | LC | |
| Document #: | | | |
| Order #: | 14573980 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: | |
| Filing: 🚺 | Certified Plain: COGS: | | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount | \$ 155.00 | |

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| rs 1 | name adopted for the purpose of transacting business in Flo | rida. The alternate name must incl | | anty Company | .," "L.L C," or | "LLC" |
|----------------------------------|---|---|-------------|-----------------|-----------------|-------|
| Delaware | | 3. | | | | |
| (Jurisdiction under the law of v | shich foreign limited liability company is organized) | | (FEI number | , if applicable |) | _ |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin | egistration.) e penalty liability) | | | | |
| 1 Engle Street, Suite 2 | 101 | 1 Engle Street, S | uite 201 | | | |
| et Address of Principal Office) | | 6. 1 Engle Street, S (Mailing Addres | | | | |
| Englewood, NJ 0763 | ı | Englewood, NJ | 0763 I | | | |
| | | | | | 8 | _ |
| | | | | | 2022 pc T | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT accontable) | | | CT | • 1 |
| Name and street addre | ss of Florida registered agent. (1.0. 1)0x | <u>NOT</u> acceptante) | | | 0 | • |
| | | | | | | |
| N | C T Corporation System | | | | | • |
| Name: | | | | ı | | |
| Name: Office Address: | C T Corporation System 1200 South Pine Island Road | | | I | MII: 15 | |
| | | | 33324 | ı | 18 II: 15 | |

(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: | Title or Capacity: | Name and Address: |
|--------------------|------------------------------------|--------------------|------------------------------------|
| □Manager | Name: Tom Del Basco | □Manager | Name: HOA Finance Two, LLC |
| □Member | Address: 1 Engle Street, Suite 201 | ■Member | Address: 1 Engle Street, Suite 201 |
| ■Authorized | Englewood, NJ 07631 | □Authorized | Englewood, NJ 07631 |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | □Other | □Other | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | · |
| Person | | Person | |
| □Other | Other | □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.

Katherna L Hanness_

Signature of an authorized person

Katherine L. Hammers, Authorized Person

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "J&L MHP 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-SECOND DAY OF SEPTEMBER, A.D. 2022.

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

7009260 8300

SR# 20223599720

Date: 09-22-22

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

Jeffrey W Dutloch, Secretary of State

Authentication: 204462921