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DATE: 11/21/2022

NAME: HRP APOLLO COMMERCIAL II, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Cettobee

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJEC	HRP Apollo Commercial II, LLC					
		e of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please re	eturn all correspondence concerning this matter t	to the following:				
	Kimberly Christian					
		Name of Person				
	Brooks Pierce McLendon Humphrey & Leonard LLP					
	Firm/Company					
	PO Box 26000					
Address						
	Greensboro, NC 27420					
		City/State and Zip Code				
	dfarmer@harbourretailpartners.com					
	E-mail address: (to be	e used for future annual report notification)				
For furth	ner information concerning this matter, please ca	ıll;				
Kimberly Christian		336 232-4611 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\Begin{array}{l} \begin{array}{l}	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee. Certificate				

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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	•	ompany; must include "Limited Li				
	ame adopted for the pu	arpose of transacting business in Florid			dity Company," "L.L.C.	(" or "LEC;")
Delaware 2			92- 3.	1061551		
(Jurisdiction under the law of w	hich foreign limited lia	bility company is organized)	J	(FEI number,	if applicable)	
4						
	(Date first transactions 605)	cted business in Florida, if prior to regi 5,0904 & 605,0905, F.S. to determine p	stration) senalty liabilii	ry)		
3 Keel Street, Unit #2			6.	(Mailing Address)		
(Street Address of Principal Office)	<u></u>			(Mailing Address)		
Wrightsville Beach, NO	C 28480					
7. Name and street address Name:	s of Florida regi	istered agent: (P.O. Box N	OT accep	otable)	CARLLAND AND AND AND AND AND AND AND AND AND	APPROVEL AND FILED
Office Address:	155 Office Pla	za Drive. 1st Floor		_	9: 52	ζ_
	Tallahassee			32301 , Florida		
		(City)		(Zip code)		
designated in this application	gistered agent a tion, I hereby ac ons of all statut	and to accept service of proceept the appointment as reserves relative to the proper an as registered agent.	egistered	agent and agree to act in	this capacity. I	further agre
	See	athhhed (Registered agent's sign	atura)		_	

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: Jim Cheney	□Manager	Name: Y-3 Investments, LLC
□Member	Address: 3 Keel Street, Unit #2	■Member	Address: 1015 Ashes Drive, Suite 201
□Authorized	Wrightsville Beach, NC 28480	□Authorized	Wilmington, NC 28405
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Bloomfield Development, LLC	□Manager	Harbour Retail Partners Fund Pooler III LLC Name:
■Member	Address: 1255 Alhambra Drive	■Member	Address: 3 Keel Street, Unit #2
□Authorized	Fort Myers, FL 33901	□Authorized	Wrightsville Beach, NC 28480
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: Rod Young
□Member	Address: 6810 International Center Blvd.	□Member	Address: 3 Keel Street, Unit #2
■Authorized	Fort Myers, FL 33912	■ Authorized	Wrightsville Beach, NC 28480
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice:</u> 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.

DocuSigned by:	,	
F6062416EF9C4DE	Signature of an authorized person	
Jim Cheney, Manager		
	Typed or printed name of signee	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/21/2022

ENTITY NAME: HRP Apollo Commercial II, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "HRP APOLLO COMMERCIAL II, 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-FIRST DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRP APOLLO COMMERCIAL II, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 204903669

Date: 11-21-22