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Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

~ <del>~~</del>	** <del>*</del>	WALK IN*
Residential Unit C	Owner, LLC	
₹		
**PLEASE FIL	E THE ATTACHED AND RETURN**	
Plaix Copy		1
• • •	as	10 7:
**PLEASE OBTAIN T	HE FOLLOWING FOR THE ABOVE ENTITY**	:. D
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**APOSTILLE	"/ NOTARIAL CERTIFICATION**	
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-5	ACCOUNT # 120140000108 / United Corporate Services, Inc.	Imparl
	**PLEASE FILE  Plaix Copy Certified Copy Certificate of State  **PLEASE OBTAIN T  Certified Copy of a Certificate of State  Certificate of State  **APOSTILLE  ATES REQUESTED_	**PLEASE FILE THE ATTACHED AND RETURN**  Plaix Copy Certified Copy Certificate of Status  ***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Certificate of Status  ***APOSTILLE' / NOTARIAL CERTIFICATION**

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Sole Residential Unit Owner, LLC		
	Name of	Limited Liability Company	
		npany for Authorization to Transact Business in Florida," Certificate trenced foreign limited liability company to transact business in Flor	
Please return a	ll correspondence concerning this matter to the	e following:	
	Dolores Burton		
		Name of Person	
	United Corporate Services, Inc.		
		Firm/Company	
	100 State Street, Suite 800		
		Address	
	Albany, NY 12207		
	City/	State and Zip Code	
	nmayer@awhpartners.com	State and Zip Code	`
	E-mail address: (to be us	ed for future annual report notification)	r1
For further info	ormation concerning this matter, please call:		٠ ٢٠: ٢٠
			٠ ا
		at () Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailir	ng Address:	Street Address:	
Regis	stration Section	Registration Section	
	sion of Corporations	Division of Corporations	
P.O.	Box 6327	The Centre of Tallahassee	
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount: e make check payable to: FLORIDA DEPAF 25.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of S	■ \$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 695,0902. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sole Residential Unit C	Limited Linbility Company, must include "Limite	d Liability Con	pany," "L L.C.," or "LLC.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	londs. The alterna	ate name must include "Limited Liability Compar	ny," "L.l. C," or "l,l (
Delaware				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<i></i>	(FEI number, if applicable	e)
Upon Filing				
	Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty habili	ů)	
ala AWIU Dartmers 11 C		c/o	AWH Partners, LLC	
eet Address of Principal Office)		6		<del></del>
1040 Avenue of the Ar		104	0 Avenue of the Americas, 9th Flo	or
New York, NY 10018		New York, NY 10018		777
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accer	ntable)	<
. Author and succe address	of thorida registered agent. (110.00.	. <u></u>	,,	0
Name:	United Corporate Services, Inc.		_	
Office Address:	3458 Lakeshore Drive		<del></del>	
	Tallahassee (City)		32312 , Florida	
(City)		·	(Zrp code)	

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.

Michael A. Barr
(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: Grove Holdco, LLC	□Manager	Name:
■Member	Address: c/o AWH Partners, LLC	□Member	Address:
□Authorized	1040 Avenue of the Americas, 9th Floor	□Authorized	
Person	New York, NY 10018	Person	
Other	□Other	□Other	Other
≣Manager	Chad Cooley Name:	■Manager	Name: Russell Flicker
□Member	Address:	□Member	Address: c/o AWH Partners, LLC
□Authorized	1040 Avenue of the Americas, 9th Floor	□Authorized	1040 Avenue of the Americas, 9th Floor
Person	New York, NY 10018	Person	New York, NY 10018
□Other	Other	□Other	☐Other
	Jonathan Rosenfeld		(.
■Manager	Name:	□Manager	Name:
□Member	Address: c/o AWH Partners, LLC	□Member	Address:
□Authorized	1040 Avenue of the Americas, 9th Floor	□Authorized	
Person	New York, NY 10018	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.

/s/ Chad Cooley		
	Signature of an authorized person	
Chad Cooley		
	Typed or printed name of signee	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOLE RESIDENTIAL UNIT OWNER, 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 NINTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLE RESIDENTIAL UNIT OWNER, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2023.

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

10 F. P. 12

Authentication: 202455263

Date: 01-09-23

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