

1/20/23, 5:26 PM

Division of Corporations

M 2300000866

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000026086 3)))



H230000260863AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: Cheryl.Gilbert-Ash@onxhomes.com

Foreign Limited Liability Company
FORT MYERS CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN 24 2023

DocuSign Envelope ID: E5A96D27-CA04-4AFF-BC22-4E89B4062F45

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FORT MYERS CONSTRUCTION, LLC

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

2. DE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(EIN number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration;
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

3200 EARLHART DRIVE

5. (Street Address of Principal Office)

CARROLLTON, TX 75006

3200 EARLHART DRIVE

6. (Mailing Address)

CARROLLTON, TX 75006

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.

C T Corporation System

By:

(Registered agent's signature)

Sandra Zvijack

Sandra Zvijack, Assistant Secretary

2023 JAN 23 PM 9:48

DocuSign Envelope ID: E5A96D27-CA04-4AFF-BC22-4E89B4062F45

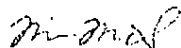
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>ASHISH BHARDWAJ</u>	<input type="checkbox"/> Manager	Name: <u>RAVI BHAT</u>
<input type="checkbox"/> Member	Address: <u>3200 EARHART DRIVE</u>	<input type="checkbox"/> Member	Address: <u>3200 EARHART DRIVE</u>
<input type="checkbox"/> Authorized	<u>CARROLLTON, TX 75006</u>	<input type="checkbox"/> Authorized	<u>CARROLLTON, TX 75006</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<u>Other</u>	<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<u>Other</u>
 <input type="checkbox"/> Manager	Name: <u>ALEJANDRO CASTRO</u>	 <input type="checkbox"/> Manager	Name: <u>TIMOTHY H. DANIEL</u>
<input type="checkbox"/> Member	Address: <u>3200 EARHART DRIVE</u>	<input type="checkbox"/> Member	Address: <u>3200 EARHART DRIVE</u>
<input type="checkbox"/> Authorized	<u>CARROLLTON, TX 75006</u>	<input type="checkbox"/> Authorized	<u>CARROLLTON, TX 75006</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<u>Other</u>	<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<u>Other</u>
 <input type="checkbox"/> Manager	Name: <u>STEVE WEILBACH</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3200 EARHART DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3200 EARHART DRIVE</u>	<input type="checkbox"/> Authorized	_____
Person	<u>CARROLLTON, TX 75006</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<u>Other</u>	<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.



Signature of an authorized person

TIMOTHY H. DANIEL

Authorized Person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FORT MYERS CONSTRUCTION, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.



7244413 8300

SR# 20230178879

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 202525390

Date: 01-19-23