

M2300001346 Florida Department of State

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To: Division of Corporations
Fax Number : (954) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAD09000033
Phone : (954) 293-0845
Fax Number : (614) 473-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mkerny2rooteng.com

Foreign Limited Liability Company
Carriage Manor MHP Tallahassee FL, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$155.00).

2023 JAN 31 11:45:56

2023 JAN 31 PM 1:16

APPROVED AND FILED

DocuSign Envelope ID: A507F593-03E2-4F92-955C-829BE42FF296

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Carriage Manor MHP Tallahassee FL, 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 92-1969290 (Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4 (Date first transacted business in Florida, if prior to registration) (See sections 605.0601 & 605.0605, F.S. to determine penalty liability)

5 16400 Dallas Parkway, Suite 305 Dallas, TX 75248 (Street Address of Principal Office) 6. 16400 Dallas Parkway, Suite 305 Dallas, TX 75248 (Mailing Address)

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)

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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.

By: C T Corporation System [Signature] by Kaity Toon, Asst. Sect. (Registered agent's signature)

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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: Jeffrey Bennett	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 16400 Dallas Parkway	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Dallas, TX 75248	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

DocuSigned by  
  
 57694762043465 \_\_\_\_\_  
 Signature of an authorized person

Jeffrey Bennett  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARRIAGE MANOR MHP TALLAHASSEE FL, 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-SEVENTH DAY OF JANUARY, A.D. 2023.

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



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

7257368 8300

SR# 20230281061

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202590108

Date: 01-27-23