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NAME: RC PORT CHARLOTTE APARTMENTS LLC

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AUTHORIZATION: ABBIE/PAUL HODGE OF TOOLS

Registration Section

TO:

COVER LETTER

Ashley Ignaszewski - Paralegal Predrikson & Byron, P.A.	ny for Authorization to Transact Business in Florida," Certificate ced foreign limited liability company to transact business in Floriollowing: ne of Person n/Company			
Ashley Ignaszewski - Paralegał Nar Fredrikson & Byron, P.A. Firi	ne of Person			
Fredrikson & Byron, P.A.	ne of Person			
Fredrikson & Byron, P.A. Fira	ne of Person			
Fin	n/Company			
	n/Company			
111 South 2nd Street, Suite 400				
	Address			
Mankato, MN 56001				
City/Sta	te and Zip Code			
aignaszewski@fredlaw.com				
E-mail address: (to be used	or future annual report notification)			
or further information concerning this matter, please call:				
Ashley Ignaszewski	at () 344-9049 Area Code Daytime Telephone Number			
Name of Contact Person	Area Code Daytime Telephone Number			
	Street Address:			
-	Registration Section Division of Corporations			
•	The Centre of Tallahassee			
	2415 N. Monroe Street, Suite 810			
	Fallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ADAUT ON OTHER			

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:

Of name unavailable enter alternate	name adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Liabi	lity Company ""L. L. C. ".	<u></u>
	and adopted for the purpose of transacting business in t	ionia. mic	anemate issue inter income timber timo	my company, tatae, t	n igice. j
Delaware !		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number,	if applicable)	
J					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio ine penalty	r) liability)		
Two Carlson Parkway		6.	Two Carlson Parkway #400		
lireet Address of Principal Office)		6. (Mailing Address)			_
Plymouth, MN 55447			Plymouth, MN 55447		
7. Name and street address Name:	C T Corporation System	· <u>NOT</u>	acceptable)	2023 FEB 17 PA	APROVE
Office Address:	1200 South Pine Island Road			PH 12: 37	Ċ
	Plantation		33324 , Florida	ω	
	(City)		(Zip code)		
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a lons of all statutes relative to the proper s of my position as registered agent.	s regist	ered agent and agree to act in	this capacity. I fu	rther agre
	Stephone He	mey			
	(Registered agent's	signature)			

Brian J. Roers

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: Title or Capacity: Name and Address: Name and Address: RC Port Charlotte Holding LLC RC Port Charlotte Holding LLC **■**Manager □Manager Address: Two Carlson Parkway #400 Two Carlson Parkway #400 □Member ■Member Plymouth, MN 55447 Plymouth, MN 55447 □ Authorized □ Authorized Person Person Other____ □Other Other_ Other___ □Manager □Manager Name: Name: ☐ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other___ □Other____ □Other____ Other □Manager □ Manager □Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other___ □Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RC PORT CHARLOTTE APARTMENTS 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RC PORT

CHARLOTTE APARTMENTS LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY,

A.D. 2023.

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

Authentication: 202712328

Date: 02-14-23

7293404 8300 SR# 20230514029