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K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Address of Principal Office) 6. (Malting Address) Wellington, FL 33414 Wellington, FL 33414 Wellington, FL 33414 The segment and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc 7901 4th St N., Ste 300 Office Address: St. Petersburg St. Petersburg (City) (City) The above stated limited liability company at the stated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furtility with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly.		Limited Liability Company; must include "Limite		
Company to repair the law of which foreign limited liability company to organized Company to organized		name adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LL
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) (OB Sunderland Avenue (OB Sunderland Avenue (Mailtag Address) (Mailtag Address) Wellington, FL 33414 Wellington, FL 33414 Wellington, FL 33414 Wellington, FL 33414 Registered Agents Inc Name: 7901 4th St N., Ste 300 Office Address: St. Petersburg St. Petersburg (City) (C			•	
Notes and Avenue Address of Principal Office) Constituted in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furnish the provisions of all statutes relative to the proper and complete performance of my duties, and form in family. 2008 Sunderland Avenue (Mathing Address) Wellington, FL 33414 Wellington, FL 33414 Wellington, FL 33414 Wellington, FL 33414 TEB 22 TEB 23 TEB 22 TEB 22 TEB 22 TEB 22 TEB 22 TEB 23 TEB 22 TEB 22 TEB 23 TEB 22 TEB 23 TEB 22 TEB 24 TEB 25	risdiction under the law of w	rhich foreign limited liability company is organized)	5. (FEI number,	, if applicable)
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Registered Agents Inc Name: 7901 4th St N., Ste 300 Office Address: St. Petersburg (City) St. Petersburg (City) (City) St. Petersburg: (City) (City) (City) Agents Inc 33702 (City) (C	ddress of Principal Office)		(Mailing Address)	
Registered Agents Inc Name: 7901 4th St N., Ste 300 Office Address: St. Petersburg (City) (City) Stered agent's acceptance: If you have a provided agent and to accept service of process for the above stated limited liability company at the lated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furtisply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiary.	ellington, FL 33414		Wellington, FL 33414	
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cept the oougations of my position as registered agent.	Name: Office Address: ered agent's accept g been named as re, ated in this applicat	Registered Agents Inc 7901 4th St N., Ste 300 St. Petersburg (City) tance: gistered agent and to accept service of ption, I hereby accept the appointment as	, Florida (Zip crose) rocess for the above stated limited lia	this canacity. I fourther
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Face Human	Name: Office Address: ered agent's acception of the second seco	Registered Agents Inc 7901 4th St N., Ste 300 St. Petersburg (City) tance: gistered agent and to accept service of ption, I hereby accept the appointment as ons of all statutes relative to the proper	, Florida (Zip crose) rocess for the above stated limited lia	this canacity. I fourther

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: Name: Roderick O'Connor ■ Manager Name: _____ □ Manager Address: 2008 Sunderland Avenue ☐ Member ☐ Member Address: Wellington, FL 33414 ☐ Authorized ☐ Authorized Person Person Other Other____ □Other____ □Other Name: _____ □ Manager □ Manager Name: ____ □Member Address: ____ ☐ Member Address: _____ ☐ Authorized ☐ Authorized Person Person ☐ Other Other____ Other □Manager Name: _____ □Manager Name: ☐ Member Address: ☐ Member Address: _____ ☐ Authorized Authorized Person Person Other____ Other____ □Othет____ □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 Roderick O'Connor

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LMC PSL LAND ACQUISITION 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LMC PSL LAND ACQUISITION LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202736014

Date: 02-17-23