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.

(((H23000231323 3)))



H230002313233ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

Phone

: (305)789-3200

Fax Number

: (305)789-4137

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

spalmer@elmingtoncapital.com Email Address:

Foreign Limited Liability Company

ECG LAKE BRADFORD DEVELOPER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## 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:

(if name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	orida. The alternate name must include "Limited Liabili	ity Company," "L.L.C," or "ELC.")
TENNESSEE 2.	thich foreign firmited liability company is organized)	3(FEI number, i	(fample this)
Date of filing this App	olication with FL Dept. of State.	(r cz naiwes, i	A appulant /
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	<del>-</del>
1030 16th Ave South 5. (Street Address of Principal Office)		6. (Mailing Address)	
Suite 500		Suite 500	
Nashville, TN 37212		Nashville, TN 37212	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	207
Name:	Brian J. McDonough		23 JUN 29
Office Address:	150 West Flagler St., Suite 2200		29 PH
	Miami (City)	, Florida (Zin cola)	2:
designated in this applicate to comply with the provise		registered agent and agree to act in t	this capacity. I further agre

Title or Capacity: Name and Address: Title or Capacity: Name and Address:	manage [up to six (6	ing purposes, list names, title or capacity and a so total]:						
Member   Address:   1030 16th Avenue South   Member   Address:   Mathorized   Person   Nashville, Tennessee 37212   Person   Other	Title or Capacity:	<del></del>	Title or Capacity	: Name and A	ddress:			
Mathorized   Suite 500	□Manager	Name: C. Hunter Nelson	☐ Manager	Name:				
Dathorized   Person   Person   Other	■Member	Address: 1030 16th Avenue South	□Member	Address:				
Dother	□Authorized	Suite 500	□Authorized					
Manager Name:	Person	Nashville, Tennessee 37212	Person					
Member   Address:     Authorized     Authorized     Person     Person     Other_	□ Other	Other	Other	Other				
Person Person Other_ Ot	□Manager	Name:	□Manager	Name:				
Person    Person	□Member	Address:	□Memb <del>er</del>	Address:				
Other_Other_OtherOther_	□Authorized		□Authorized					
Manager Name:   Manager Name	Person		Person					
Member Address:   Member Address:   Authorized   Member   Address:   Member   Address:   Member   Address:   Member   Address:   Member   Address:   Member   Address:   Member   Mem	□Other	Other	□Other	Other				
Person  Person  Other  Other  Other  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 oatl 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  C. Hunter Nelson	□Manager	Name:	∏Manager	Name:				
Person    Other   Other   Other   Other	□Member	Address:	□Member	Address:				
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 oatl 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  C. Hunter Nelson	□Authorized		□Authorized					
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	C. Hunter Nelson  Typed or printed name of signee							



### **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

# Secretary of State

RENO & CAVANAUGH, PLLC JESSICA MAYBERRY 424 CHURCH STREET, SUITE 2910 NASHVILLE TN 37219

June 26, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0535887

Issuance Date: 06/26/2023

Copies Requested:

Document Receipt

Receipt #: 008209817

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3853802857

\$20.00

Regarding:

ECG Lake Bradford Developer, LLC

Filing Type:

Limited Liability Company - Domestic

Control:#:

1439976

Formation/Qualification Date: 06/26/2023 Status:

Active

Date Formed:

06/26/2023

Formation Locale: TENNESSEE

**Duration Term:** 

Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### ECG Lake Bradford Developer, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 061414930