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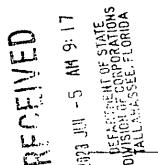
Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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.

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Foreign Limited Liability Company Green Oaks Tampa MHP II LLC



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Corporate Filing Menu

Help

To:

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

12122023573

IN COMPLIANCE WITH SECTION (08,002, FLORIDA STATUTES THE FOIL OWING IS SUBMITTED TO REGISTER A FOREKEN LLMITED LLABITITY COMPANYTUTRANSACTBUSINESS INTHE STATE OF FLORIDA: GREEN OAKS TAMPA MHP II LLC (Name of Foreign Limited Liebility Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If main; anavailable, oner afternate name adopted for the purpose of transcoing pusitions in Florida. The afternate name mass include "United Liability Company," "L.L.C," or "LL.C," 93-2159433 (Jurisdiction under the taw of which foreign limited liability company is organized) (FEI number, it applicable) 10151 Deerwood Park Blvd. 1971 W. Lumsden Rd. Suite: 360 5. (Street Address of Priocipal Office) (Mailing Address) Jacksonville FL, 32256 Brandon Fl., 33511 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 of 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.

Sandra Zwijack, Assistant Secretary

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

Fitle or Capacity:	Name and Address:	Title or Capacit	Name and Address;	
⊡Manager	Name: Marc Edwards	□Manager	Name:	
]Member	Address: 10151 Deenwood Park Blvd.	□Memher	Address:	
Authorized	Jacksonville FL, 32256	[] Authorized		
Person		Person		·
□Other	Other	Other		□Other
] Manager	Name:	□Manager	Name:	
]]Member	Address:	⊔Member	Address:	
]Authorized		□Authorized		
Person		Person		
]Other	☐Other	Other		⊒Other
I Managet	Name:	ClManager	Name:	
IMember	Address:	□Member	Address:	<u> </u>
JAuthorized		[] Authorized		
Person		Person		
]Other	□Other	[]Other]Other

- 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.

Marc (divards	
Signature of an authorized person	
Marc Edwards	Marc Edwards
Typed or printed name of signee	

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

DELAWARE, DO HEREBY CERTIFY "GREEN OAKS TAMPA MHP II 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 THIRTIETH DAY OF JUNE, A.D. 2023.

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

Authentication: 203668624

Date: 06-30-23

7526987 8300 SR# 20232907323

You may verify this certificate online at corp.delaware.gov/authver.shtml