## Florida Department of State

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.

(((H23000237704 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (954)208-0845

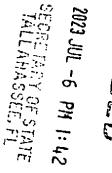
Fax Number : (614)573-3996

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

mhp@hourhomesofamerica.com Email Address:\_

## Foreign Limited Liability Company TRIPLE T MHP II LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



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Help

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:

ume unavalable, enter alternate t	iaine adopted for the purpose of transacting business in Fl	londa the	alternate name inits) include "Limited Liabilit	ty Company," "L.U.U," or
DE		3.	93-2211634	
Hurisdiction under the law of w	high foreign limited liability company is organized)	э.	(FE) number, d	applicable}
				_
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ine penalty	i.) hability)	_
10151 Deerwood Park		,	1971 W. Lumsden Rd. Suite: 30	60
ct Address of Principal Office)		0.	(Mailing Address)	
Jacksonville FL, 32256			Brandon FL, 33511	
				207 S.E.
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	SECRE)
Name:	C T Corporation System			
				SE OF O
Office Address:	1200 South Pine Island Road			-m=1
	Plantation		33324 , Florida	OF STATE

## 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.

C T Corporation System				
By:	Is/ James Martin	James Martin, Asst. Secretary		
(Registered agent's signature)				

Title or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
■Manager	Name: Marc Edwards	☐ Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized	Jacksonville FL, 32256	☐ Authorized		
Person		Person		
☐ Other	Other	=Other		□Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized	<del></del>	
Person		Person		
□ Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<del></del>	☐ Authorized	<del></del>	
Person		Person		
☐Other	Other	COther		☐ 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.

	Marc (dwards	
	Signature of an authorized person	
Marc Edwards		

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

DELAWARE, DO HEREBY CERTIFY "TRIPLE T 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 SIXTH DAY OF JULY, A.D. 2023.

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

Authentication: 203690327

Date: 07-06-23