

# M23 000009022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

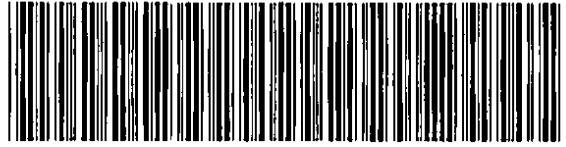
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APPROVED  
AND  
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2023 JUL 13 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


2023 JUL 13 AM 11:20

JUL 13 2023  
K. Brumbley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 867330 7821950

AUTHORIZATION : 

COST LIMIT : \$ 160.00

ORDER DATE : July 12, 2023

ORDER TIME : 8:34 AM

ORDER NO. : 867330-005

CUSTOMER NO: 7821950

FOREIGN FILINGS

NAME: TRUAMERICA WORKFORCE HOUSING  
ACQUISITIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRUAMERICA WORKFORCE HOUSING ACQUISITIONS LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**KATIE GONZALEZ**

Name of Person

**TRUAMERICA WORKFORCE HOUSING ACQUISITIONS LLC**

Firm/Company

**10100 SANTA MONICA BLVD, STE 400**

Address

**LOS ANGELES, CA 90067**

City/State and Zip Code

**KGONZALEZ@TRUAMERICA.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Katie Gonzalez**

**424**

**325-2730**

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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:

1. TRUAMERICA WORKFORCE HOUSING ACQUISITIONS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 85-4393730  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 12, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10100 SANTA MONICA BLVD, STE 400 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

LOS ANGELES, CA 90067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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.*

By: Alexis Weiland-Jensen, AVP  
Corporation Service Company  
(Registered agent's signature)

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:**

☐ Manager Name: Mark Enfield

☐ Member Address: 10100 SANTA MONICA BLV

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☐ Manager Name: Ethan J. Pompey

☐ Member Address: 10100 SANTA MONICA BLV

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other Director ☐ Other \_\_\_\_\_

☐ Manager Name: Matt Ferrari

☐ Member Address: 10100 SANTA MONICA BLV

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Tammi Warner

☐ Member Address: 0100 SANTA MONICA BLVE

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

☐ Manager Name: Robert E. Hart

☐ Member Address: 10100 SANTA MONICA BLV

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Noah Hochman

☐ Member Address: 10100 SANTA MONICA BLV

☐ Authorized LOS ANGELES, CA 90067

Person \_\_\_\_\_

☒ Other Vice President ☐ 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 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

Tammi Warner

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 "TRUAMERICA WORKFORCE HOUSING ACQUISITIONS 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 TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUAMERICA WORKFORCE HOUSING ACQUISITIONS LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2020.

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



4471264 8300

SR# 20232979426

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203731444

Date: 07-12-23