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NAME: SFCLT DANIA II, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

## 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:

name unavallable, enter alternate	name adopted for the purpose of transacting business in F	londa. The	alternate name must include "Limited Li	iability Company," "L.L.C," or	"LLC
Delaware		,			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI numb	per, if applicable)	_
Upon filing of applicat	tion				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty	.) liability)		
718 NE 2nd Avenue		6.	718 NE 2nd Avenue		
reet Address of Principal Office)		0.	(Mailing Address)		_
Ft. Lauderdale, FL 333	304		Ft. Lauderdale, FL 33304		
Name and street address Name:	Cogency Global, Inc.	<u>NOT</u> a	cceptable)	23 JUL 13 AM SECRETARY OF ALLANASSEE, F	+ IL CO
Office Address:	115 North Calhoun Street, Suite 4			IQ 21 STATE LORES	
	Tallahassec		32301 , Florida		
	(City)		(Zip code)		

and accept the obligations of my position as registered agent.

(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]: Name and Address: BHP Community Land Trust, Inc. Title or Capacity: Name and Address: Title or Capacity: ■ Manager Name. Manager Name: \_\_\_\_\_\_ Address: 718 NE 2nd Avenue **■**Member □Member Address: Ft. Lauderdale, FL 33304 ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_ Other □Other □Other □Manager □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Member Address: ☐ Member Address: \_\_\_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other Other\_ □Other\_\_\_\_ Other □Manager Name: \_ \_\_\_\_ □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other \_\_\_ □Other\_\_\_\_\_ 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 Amanda Bartle, Authorized Person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SFCLT DANIA 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 THIRTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFCLT DANIA II,

LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2023.

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



Authentication: 203741525

Date: 07-13-23

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