

7/17/23, 1:58 PM

Division of Corporations

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Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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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.\*\***

Email Address: cindy.malone@hillwood.com

**Foreign Limited Liability Company  
JCCC PARCEL Q-1 LLC**

Certificate of Status	0
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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. JCCC Parcel Q-1, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

July 10, 2023

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

3000 Turtle Creek Blvd.

3000 Turtle Creek Blvd.

5. (Street Address of Principal Office)

6. (Mailing Address)

Dallas, Texas 75219

Dallas, Texas 75219

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

**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.*

*Jori Sawan*

Jori Sawan, Assistant Secretary

(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: Dewitt T. Hicks III

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

Person Dallas, TX 75219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Robert T. Vicente

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

Person Dallas, TX 75219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Michele M. Ringnald

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

Person Dallas, TX 75219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: Todd L. Platt

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

Person Dallas, TX 75219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Daniel L. Tatsch

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

Person Dallas, TX 75219

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Stephen D. Parker

☐ Member Address: Hillwood

☒ Authorized 3000 Turtle Creek Blvd.

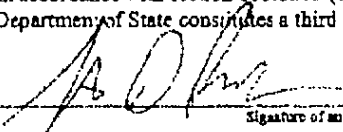
Person Dallas, TX 75219

☐ 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 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

Stephen D. Parker

\_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "JCCC PARCEL Q-1, 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 ELEVENTH DAY OF JULY, A.D. 2023.

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



7558823 8300

SR# 20232971040

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203724023

Date: 07-11-23