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JUL 2 4 2023 K. Brumbley Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/25/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1167102

Page 1 of 1

ORDER ENTITY____LT LANGLEY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LT_LANGLEY, LLC (FL)

File the attached foreign qualification document

NOTES:_

\$125.00 Authorized

Email address for annual report reminders: Jean@clasinfo.com /

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 25, 2023

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

garage de la seconomia

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:

	Limited Liability Company; must include "Limited	, , , , , , , , , , , , , , , , , , ,	uzioi, u zizo.		
(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flo	rids. The alternate name t	nust include "Limited Liabil	ity Company," "L.L.C,"	or TLC.")
Delaware					
2. (furtsdiction under the law of which foreign limited lishility company is organized)		3. (PH number, if applicable)			
4	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 505,0905, F.S. to determin	gistration.) c penalty liability)	 		
4900 N. Scottsdale Road		4900 N. Scottsdale Road			
5. (Street Address of Principal Office)		6. (Mailing	(Address)		
Suite 2000		Suite 2000			
Scottsdale, AZ 85251		Scottsdale,	AZ 85251	202:	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		UNITARY IN THE SECOND CONTRACT AND CONTRACT	ACT AN
Name:	Registered Agent Solutions, Inc.	·			
Office Address:	2894 Remington Green Ln., Ste. A				
	Tallahassee	rl.	32308 orida		
	(City)	, , , ,	(Zip code)		
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of po tion, I hereby accept the appointment as ions of all statutes relative to the proper o s of my position as registered agent.	registered agent	and agree to act in t	this capacity. I fu	irther agree
		KNIW San			

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: Name and Address: Title or Capacity: Name: TM Langley Member, LLC TM Langley Member, LLC Manager ☐ Manager 4900 N. Scottsdale Road 4900 N. Scottsdale Road Address: □Member Address: ■ Member Suite 2000 Suite 2000 □ Authorized ☐ Authorized Scottsdale, AZ 85251 Scottsdale, AZ 85251 Person Person ☐ Other____ □Other ____ Other □Other Lennar Homes, LLC Name: _____ □ Manager □ Manager Address: 5505 Blue Lagoon Drive ☐ Member Address: **■**Member ☐ Authorized ☐ Authorized Miami, FL 33126 Person Person □Other _____ Other _____ □ Other___ □Other__ Name: Manager Manager □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. Caroling Estrade
Signature of an authorized person

Caroline G. Estrada

Typed or printed name of signes

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LT LANGLEY, 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 TWENTY-FOURTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LT LANGLEY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2023.

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

Authentication: 203811057

Date: 07-24-23