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(City/State/Zip/Phone #)

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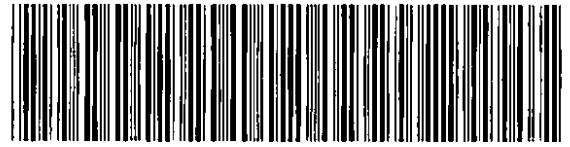
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2023 SEP 29 AM 10:19
CLERK OF STATE
STATE OF FLORIDA

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M. SOLOMON

SEP 29 2023

623
12/27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greenleaf Investment Partners L110, LLC, a Delaware limited liability company
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:

Dana Shearer

Name of Person

Greenleaf NNN Holdings, LLC

Firm/Company

3081 Holcomb Bridge Rd, Suite A2

Address

Norcross, GA 30071

City/State and Zip Code

compliance@greenleafmgmt.com

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

For further information concerning this matter, please call:

Dana Shearer

470

496-4425

Name of Contact Person

at ()

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2023 SEP 29 AM 10:19

FILED

**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. Greenleaf Investment Partners L110, 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. 93-3240393
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>3081 Holcomb Bridge Rd</u> (Street Address of Principal Office)	6. <u>3081 Holcomb Bridge Rd</u> (Mailing Address)
<u>Suite A2</u>	<u>Suite A2</u>
<u>Norcross, GA 30071</u>	<u>Norcross, GA</u>

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

Name:	<u>Paracorp Incorporated</u>
Office Address:	<u>155 Office Plaza Drive, 1st Floor</u>
	<u>Tallahassee</u> , Florida <u>32301</u>
	(City) (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.

Jody Mase, Asst Secretary
(Registered agent's signature)

2023 SEP 29 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

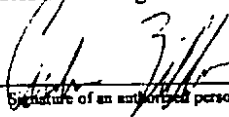
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Andrew Ziffer	<input type="checkbox"/> Manager	Name: James David Codrea, Jr
<input type="checkbox"/> Member	Address: 3081 Holcomb Bridge Rd	<input type="checkbox"/> Member	Address: 3081 Holcomb Bridge Rd
<input type="checkbox"/> Authorized	Suite A2	<input checked="" type="checkbox"/> Authorized	Suite A2
Person	Norcross, GA 30071	Person	Norcross, GA 30071
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Joshua A. Friedensohn	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3081 Holcomb Bridge Rd	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite A2	<input type="checkbox"/> Authorized	_____
Person	Norcross, GA 30071	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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
Andrew Ziffer, Manager

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 "GREENLEAF INVESTMENT PARTNERS L110, 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 FIFTH DAY OF SEPTEMBER, A.D. 2023.



7658899 8300

SR# 20233420694

You may verify this certificate online at 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: 204098751

Date: 09-05-23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

DANA SHEARER
3081 HOLCOMB BRIDGE RD STE A2
NORCROSS, GA 30071

SUBJECT: GREENLEAFS INVESTMENT PARTNERS L110, LLC
Ref. Number: W23000131270

We have received your document for GREENLEAFS INVESTMENT PARTNERS L110, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 723A00022240

RECEIVED

SEP 29 2023