

M23000012660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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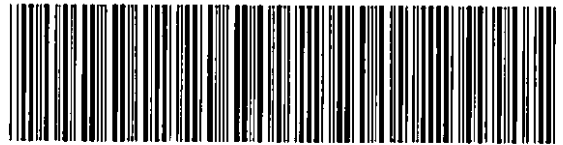
(Business Entity Name)

(Document Number)

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2023 OCT -3 PM 6:19

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**WALK IN**

**PICK UP:** MISTY 10/3

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**FOREIGN LLC**

1. ADVANTIS MCA FLAGLER TRIANGLE, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. Advantis MCA Flagler Triangle, 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

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

3. 88-0945594

(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. 1991 Industrial Drive

(Street Address of Principal Office)

DeLand, FL 32724

6. 1991 Industrial Drive

(Mailing Address)

DeLand, FL 32724

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln., Ste. A

Tallahassee, Florida 32308  
(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.*



(Registered agent's signature)

APPROVED  
AND  
FILED  
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TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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 type="checkbox"/> Manager           | Name:    | Midtown Multifamily Development Fund LLLP |  | <input checked="" type="checkbox"/> Manager | Name:    | PREG-Advantis, L.L.C           |  |
| <input checked="" type="checkbox"/> Member | Address: | 1991 Industrial Drive                     |  | <input type="checkbox"/> Member             | Address: | 1991 Industrial Drive          |  |
| <input type="checkbox"/> Authorized        |          | DeLand, FL 32724                          |  | <input type="checkbox"/> Authorized         |          | DeLand, FL 32724               |  |
| Person                                     |          |   |  | Person                                      |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other            |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
| <br>                                       |          |   |  | <br>  |          |                                |  |
| <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 |  |
| <br>                                       |          |   |  | <br>  |          |                                |  |
| <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.

Michele Zahn  
Signature of an authorized person

Michele Zahn

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 "ADVANTIS MCA FLAGLER TRIANGLE 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 SECOND DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTIS MCA FLAGLER TRIANGLE LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2021.

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



6501905 8300

SR# 20233629402

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: 204288025

Date: 10-02-23