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	Division of Co	rporations
	Fax Number	: (850)617-6383
rom:		
	Account Name	: CAPITOL SERVICES, INC.
	Account Number	: 120160000017
	Phone	: (855)498-5500
	Fax Number	: (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LGC Orange Acres Ranch LLC

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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

cnorris@legacymhc.com

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

For further information concerning this matter, please call:

	at ( 855 ) 498 - 5500
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tailahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 📃 \$160.00 Filing Fee, Certificate

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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:

oame unavailable, enter alternate	name adopted for the purpose of transacting business in Fk	orida. The alternate nam	e must include "Littited Liability	Company." "L.L.C," or "LLC
Delaware (Jurisdiction under the law of	which foreign limited liability company is organized)	3	(PEI number, i	fapplicable)
	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605 0905, F.S. to determ	o registration.) nine prnalty liability)		
8800 East Raint (Street Address o	ree Dr., Suite 295	6. <u>8800</u>	East Raintree Dr. (Mailing Address)	, Suite 295
Scottsdale, AZ 8	35260	Scotte	dale, AZ 85260	
		500113	·	
			·····	
`	255 of Florida registered agent: (P.O. Bo)		······	2023
·		x <u>NQT</u> acceptab	······	2023 OCT 2
. Name and street addre	Capitol Corporate Services, 1	x <u>NQT</u> acceptab NC.	······	

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.

in Tadlock

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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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:	Title or Capacity	<u>Y:</u>	Name and Address:
Manager	Name: Patrick F. O'Malley	Manager	Name:	
Member	Address: c/o Legacy Communities	Member	Address:	
Authorized	8800 East Raintree Dr., Suite 295	Authorized		
Person	Scottsdale, AZ 85260	Person		
Other	Other	Other	<u>_</u>	Other
Manager	Name:	🔲 Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	·······	Authorized		<u></u>
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. 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.

Patrick O'Malley			
7	Signature of an authorized person	H23000375254	3
	Patrick F. O'Malley		
	Typed or printed name of signer		

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "LGC ORANGE ACRES RANCH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LGC ORANGE ACRES RANCH LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023.

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



SR# 20233833131 You may verify this certificate online at corp.delaware.gov/authver.shimi

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Authentication: 204466068 Date: 10-27-23

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