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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: Spalmer@elmingtoncapital.com

Foreign Limited Liability Company
ECG FLORIDA 2023 VII GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC -6 PM 5:00

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. ECG FLORIDA 2023 VII GP, 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.")

TENNESSEE

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

3. (FEI number, if applicable)

Date of filing this Application with FL Dept. of State.

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

5. 1030 16th Ave South
(Street Address of Principal Office)

6. 1030 16th Ave South
(Mailing Address)

Suite 500

Suite 500

Nashville, TN 37212

Nashville, TN 37212

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

Name: Brian J. McDonough

Office Address: 150 West Flagler St., Suite 2200

Miami

33130

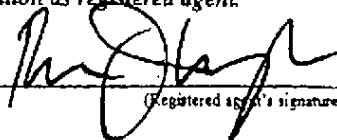
(City)

, Florida

(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)

2023 DEC -6 PM 5:00

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: C. Hunter Nelson

☒ Member Address: 1030 16th Avenue South

☐ Authorized Suite 500

Person Nashville, Tennessee 37212

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

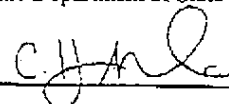
Person _____

☐ 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

12/5/2023 C. HUNTER NELSON

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RENO AND CAVANAUGH, PLLC
SUITE 2910
424 CHURCH ST
NASHVILLE, TN 37219

December 5, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0558970

Issuance Date: 12/05/2023
Copies Requested: 1

Document Receipt

Receipt #: 008488258

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3863479845

\$20.00

Regarding: ECG Florida 2023 VII GP, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1489969

Formation/Qualification Date: 12/05/2023

Date Formed: 12/05/2023

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ECG Florida 2023 VII GP, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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