

M23000015612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

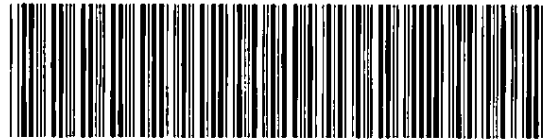
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12/12/23--0101E--004 **70.00

2023 SEP -5 PM 2:20

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWEETWATER RESIDENTIAL, 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:

BENJAMIN DEBROCKE

Name of Person

SWEETWATER RESIDENTIAL, LLC

Firm/Company

5924 CHURCHSIDE DRIVE

Address

LITHIA, FL 33547

City/State and Zip Code

BEN@SWEETWATERCAP.US

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

For further information concerning this matter, please call:

BENJAMIN DEBROCKE

813

601-7261

at (_____) _____

Name of Contact Person

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

**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. SWEETWATER RESIDENTIAL, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

SWEETWATER REALTY

(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. NORTH CAROLINA 3. 93-1504989
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 811 SPRING FOREST ROAD 6. 5924 CHURCHSIDE DRIVE
(Street Address of Principal Office) (Mailing Address)
SUITE 1200
RALEIGH, NC 27609 LITHIA, FL 33547

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

Name: BENJAMIN DEBROCKE
Office Address: 5924 CHURCHSIDE DRIVE
LITHIA 33547
(City) , Florida (Zip code)

FILED
2023 SEP -5 PM 2:20
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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.

Ben DeBrocke
(Registered agent's signature)

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: DANIEL JACKSON HOWARD

☒ Member Address: 811 SPRING FOREST ROAD

☐ Authorized RALEIGH, NC 27609

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: BENJAMIN DEBROCKE

☒ Member Address: 400 ASHLEY DRIVE, #1900

☐ Authorized TAMPA, FL 33602

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: KERI ALPERS

☐ Member Address: PO BOX 2304

☒ Authorized FAYETTEVILLE, NC 28302

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.

Ben DeBrocke

Signature of an authorized person

BENJAMIN DEBROCKE

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

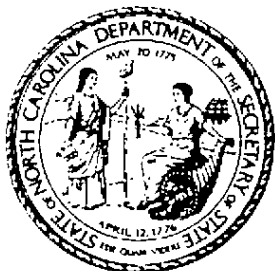
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SWEETWATER RESIDENTIAL, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 15th day of May, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of November, 2023.

Elaine F. Marshall

Secretary of State



NORTH CAROLINA

Department of the Secretary of State

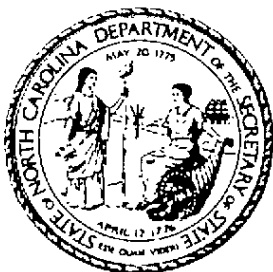
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SWEETWATER RESIDENTIAL, LLC

is a created, organized and existing under the laws of the State of North Carolina, having been incorporated on the 15th day of May, 2023, and that the principal office address is:

**811 SPRING FOREST ROAD STE 1200
RALEIGH, NC 27609-9145**

I FURTHER certify that the said corporation has not filed articles of dissolution and continues to be in existence in this State as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of November, 2023.

Elaine F. Marshall

Secretary of State



NORTH CAROLINA

Department of the Secretary of State

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SWEETWATER RESIDENTIAL, LLC

is a created, organized and existing under the laws of the State of North Carolina, having been incorporated on the 15th day of May, 2023, and that the principal office address is:

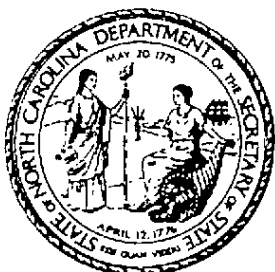
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Elaine F. Marshall

Secretary of State



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COVER LETTER

**TO: Registration Section
Division of Corporations**

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Please return all correspondence concerning this matter to the following:

BENJAMIN DEBROCKE

Name of Person

SWEETWATER RESIDENTIAL, LLC

Firm/Company

5924 CHURCHSIDE DRIVE

Address

LITHIA, FL 33547

City/State and Zip Code

BEN@SWEETWATERCAP.US

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

For further information concerning this matter, please call:

BENJAMIN DEBROCKE

813

601-7261

at (_____) _____

Name of Contact Person

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

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Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

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☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

SWEETWATER REALTY

(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. NORTH CAROLINA 3. 93-1504989
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 811 SPRING FOREST ROAD 6. 5924 CHURCHSIDE DRIVE
(Street Address of Principal Office) (Mailing Address)

SUITE 1200

RALEIGH, NC 27609

LITHIA, FL 33547

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

Name: BENJAMIN DEBROCKE

Office Address: 5924 CHURCHSIDE DRIVE

LITHIA, Florida 33547
(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.

Ben DeBrocke
(Registered agent's signature)

FILED
2023 SEP -5 PM 2:20
STATE OF FLORIDA
SOLICITOR GENERAL'S OFFICE

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: DANIEL JACKSON HOWARD	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 811 SPRING FOREST ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	RALEIGH, NC 27609	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: BENJAMIN DEBROCKE	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 400 ASHLEY DRIVE, #1900	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	TAMPA, FL 33602	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: KERI ALPERS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: PO BOX 2304	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	FAYETTEVILLE, NC 28302	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Ben DeBrocke

Signature of an authorized person

BENJAMIN DEBROCKE

Typed or printed name of signer