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## Foreign Limited Liability Company USONIA MII PLANT CITY PROPERTY LLC

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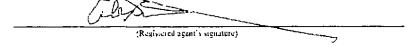
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH NECTION (05/002), FLORIDA STATUTEN, ITHE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY

COMPANY TO TRANSACT BUSINESS AND THE STATE OF FLORIDA L. USONIA MH PLANT CTUY PROPERTY LLC (Name of Foreign Limited Liabsloy Company, must include "Limited Liability Company," "L.L.C.," or "LLC") (If name unavailable, once alternate name adopted for the purpose of harvacting tosiness in Florida. The afternate name must include "Limited Cistricts Company, "Total Contract Contracts." DELAWARE (furned chien under the law of which foreign limited hability company is organized) One had tracented bisoness in Fluids of practice registration (See sections (O) 1904 & 103 0963; 1-3 to determine yearthy highlight 4 Bayberry Drave 12284 Indian Mound Road (Mabite Address) (Sheet Address of Principal Office) Wellington, FL 33449 Pleasantville, NY 10570 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) INTERSTATE AGENT SERVICES, LLC Name. 100 SE 2ND STREET, SUITE 2000 #209 Office Address. MIAMI \_ , 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.



DocuSign Envelope tO F3E22D87-A48F-4CB8-BB93-6D05F246B595

8.	For initial indexing purposes, list names, little or capacity and addresses of the primary members/managers or persons authorize	ed to
me	age [up to six (6) total]	

Title or Capacity:	Name and Address:	Title or Capacit	y: Name and Address:
■Manager	William Howard Name,	<b>≣</b> Manager	Name Brian Chase
□Member	Address	□ Member	4 Bayberry Drive
□Authorized	Wellington, FL 33449	□ Authorized	Pleasantville, NY 10570
Person		Person	
_IOther		□ Other	_10ther
⊒Manager	Name:	Manager	Name.
II Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	
□()thes		Other	
□Manager	Name:	Manager	Name
□Member	Address:	_ Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	=Other	Other

Important Notice. Use an attachment to report more than sis (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 attribution 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 translation must be submitted).

10	This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. I am aware that any false informati	ונומ
sul	imitted in a document to the Donartment of State constitutes a third degree felony as provided for in \$ 817,155, F.S.	

Prian (liase		
	Signature of an authorized person	
Brian Chase		
	Exped or printed name of signice	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "USONIA MH PLANT CITY PROPERTY 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 TWENTIETH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USONIA MH PLANT CITY PROPERTY LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY,

A.D. 2024.

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

at corp.delaware.gov/authvo

Authentication: 202840839

Date: 02-20-24