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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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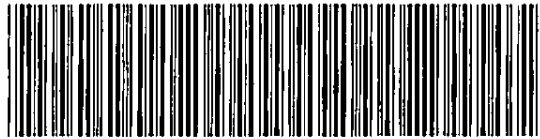
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

2024 MAR -4 PM 3:22

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2024

JASON S. LAMBERT, ESQ.
101 E. KENNEDY BLVD, STE 3700
TAMPA, FL 33602 US

SUBJECT: ELLIOTT HOMES LLC
Ref. Number: W24000028928

We have received your document for ELLIOTT HOMES LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the complete principal office address.

Must provide title/capacity for the person/s listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 724A00003776

RECEIVED
MAR - 4 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elliott Homes 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:

Jason S. Lambert, Esq.

Name of Person

Hill Ward Henderson

Firm/Company

101 E. Kennedy Blvd Ste 3700

Address

Tampa, FL 33602

City/State and Zip Code

licensing@hwhlaw.com

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

For further information concerning this matter, please call:

Jason Lambert

Name of Contact Person

813-227-8495

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 St. Ste. 810
Tallahassee, FL 32303

Enclosed is a check for the following amount made payable to **FLORIDA DEPARTMENT OF STATE:**

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status and Certified Copy
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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

1. Elliott Homes 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. Mississippi 3. 26-1820338
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI Number, if applicable)

4. Not applicable.
(Date first transacted business in Florida, if prior to registration)

5. 12206 Hwy 49 6. 1402 Pass Road
(Street Address of Principal Office) (Mailing Address)

Gulfport, MS 39503

Gulfport, MS 39501

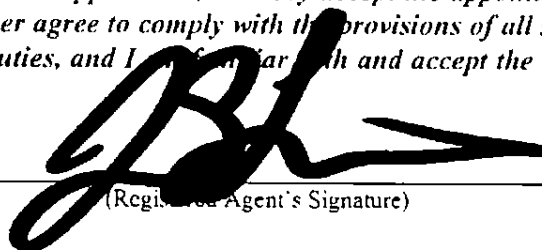
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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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

Name: SCS Registered Agent
Office Address: 3225 S. Macdill Ave Ste 129-205
Tampa, FL 33629

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)

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 / Capacity: **Name / Address:**

- ☒ Manager Name: Brandon Elliott
☐ Member Address: 1402 Pass Road
☐ Authorized Person Gulfport, MS 39501
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other

Title / Capacity: **Name / Address:**

- ☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ 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 certified 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 certified 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 Authorized Person

Brandon Elliott as President of Elliott Homes LLC



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

ELLIOTT HOMES, LLC

Registered the 17th day of January, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

12206 Hwy 49
Gulfport, MS 39503

And that the registered agent at that address is:

Orgler, Mark C

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 29th day of January, 2024

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN24181135

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>