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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 : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: legaldepartment@championhomes.com

**Foreign Limited Liability Company
REGIONAL REALTY, LLC**

Certificate of Status	0
Certified Copy	1
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RECEIVED

6:44 PM 4/14
2024 MAR 14 PM 12:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 14 PM 11:42

**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. Regional Realty, 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-3812104
(FEI number, if applicable)
4. 3/13/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)
5. 6451 Wirtz Road
(Street Address of Principal Office)
6. 755 W. Big Beaver Road, Suite 1000
(Mailing Address)
- Flowood, MS 39232
Troy, MI 48084

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System 
(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]:

<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: <u>Mark J. Yost</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Laurie Hough</u>
<input type="checkbox"/> Member	Address: <u>755 Big Beaver Road</u>	<input type="checkbox"/> Member	Address: <u>755 Big Beaver Road</u>
<input type="checkbox"/> Authorized	<u>Suite 1000</u>	<input type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	<u>Troy, MI 48084</u>	Person	<u>Troy, MI 48084</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Robert M. Spence</u>	 <input type="checkbox"/> Manager	Name: <u>Caren Ries</u>
<input type="checkbox"/> Member	Address: <u>755 Big Beaver Road</u>	<input type="checkbox"/> Member	Address: <u>755 Big Beaver Road</u>
<input type="checkbox"/> Authorized	<u>Suite 1000</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	<u>Troy, MI 48084</u>	Person	<u>Troy, MI 48084</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

C. Ries

Signature of an authorized person

Caren A. Ries

Typed or printed name of signer



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:

REGIONAL REALTY LLC

Registered the 4th day of August, 2022

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:

6451 Wirtz Rd
Flowood, MS 39232

And that the registered agent at that address is:

Neil Godfrey

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 14th day of March, 2024

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN24184524

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