M2400000H430

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |





400418435474

04/08/24--01004--011 **125.00

2024 APR -8 AM II: 03

707k 553 - 8 551 H

APR 0 8 2024 K. Brumbley

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | CERTIFIED COPY | | |
|----|----------------------------|-------------|--|
| XX | РНОТОСОРУ | | |
| | CUS | | |
| XX | FILING | FOREIGN LLC | |
| - | OAK PARK TITUSVIL | LE MHC, LLC | |
| | CORPORATE NAME AND DOCU | MENI#) | |
| - | (CORPORATE NAME AND DOCU | MENT #) | |
| _ | (CORPORATE NAME AND DOCU | MENT #) | |
| _ | (CORPORATE NAME AND DOCU | MENT #) | |
| _ | | | |
| | (CORPORATE NAME AND DOCU | MENT #) | |
| _ | (CORPORATE NAME AND DOCUME | MENT #) | |
| | | | |

COVER LETTER

TO: Registration Section

| UBJECT: | Nam | ne of Limited Liability Company |
|-----------------------------|---|---|
| | | |
| he enclosed xistence, an | "Application by Foreign Limited Liability d check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida. |
| ease return | all correspondence concerning this matter t | o the following: |
| | D. SCOTT BAKER, ESQUIRE | |
| | | Name of Person |
| | ZIMMERMAN, KISER & SUTCLIFI | FE, P.A. |
| | | Firm/Company |
| | 315 E. ROBINSON STREET, SUITE | 600 |
| | | Address |
| | ORLANDO, FLORIDA 32801 | |
| | | ity/State and Zip Code |
| | REGISTEREDAGENT@ZKSRASERV | /ICES.COM |
| | E-mail address: (to be | e used for future annual report notification) |
| or further in | formation concerning this matter, please ca | II: |
| Jess | ica Snyder. Corporate Paralegal | 407 425-7010 |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| Reg | ling Address: istration Section | Street Address: Registration Section |
| | ision of Corporations . Box 6327 | Division of Corporations The Centre of Tallahassee |
| | ahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Plea | osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee Certificate of | e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate |

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:

| DELAWARE (Jurisdiction under the law of w | | | | ompany," "L.L.C," or "LLC |
|--|--|----------------------------------|------------------------|-----------------------------|
| (Jurisdiction under the law of v | | 3 | 99-2278536 | |
| | which foreign limited liability company is organized) | ٠. | tFEI number, if app | licable) |
| UPON REGISTRATI | ON | | | |
| • | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine | registration | a.) liability) | |
| 315 E ROBINSON STREET, SUITE 600 | | 315 E ROBINSON STREET, SUITE 600 | | TE 600 |
| et Address of Principal Office) | | ٥. | (Mailing Address) | |
| ORLANDO, FLORIDA 32801 | | | ORLANDO, FLORIDA 32801 | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT a | acceptable) | 2021 |
| Name and <u>street addres</u> Name: | ss of Florida registered agent: (P.O. Box ZKS REGISTERED AGENT SERVIC | | • | 2021 423 -6 |
| | | CES, LL | • | ر ا ا |
| Name: | ZKS REGISTERED AGENT SERVICE | CES, LL | • | 2021-1522 - 6 - 731-11-1-13 |

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: Title or Capacity: Name and Address: Name: GMF Side Car Holdings II. LLC Manager □Manager Name: Address: 315 E. ROBINSON STREET □ Member □Member Address: SUITE 600 □ Authorized □ Authorized ORLANDO, FLORIDA 32801 Person Person □Other___ □Other____ □Other____ Other □Manager Name: _____ □Manager Name: _____ □Member Address: _ ☐ Member Address: _____ □ Authorized ☐ Authorized Person Person □Other_ Other___ □Other Other____ □Manager Name: _____ Name: _____ □ Manager □ Member Address: ☐ Member Address: ____ ☐ Authorized ☐ Authorized Person Person Other____ □Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

D. SCOTT BAKER, ESQUIRE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OAK PARK TITUSVILLE MHC, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAK PARK

TITUSVILLE MHC, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH,

A.D. 2024.

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

a at corn delaware gov/aut

Authentication: 203139226

Date: 03-28-24

3347821 8300 SR# 20241215674

You may verify this certificate online at corp.delaware.gov/authver.shtml