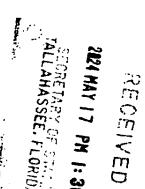
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400428914874

24 HAY 17 PM 4: 02



CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

05/17/2024

Da	ote: 05/17/2024		- 4: 1 DW
		Acc#I20160000072	4: () = W
Name:	Cottages at	Brandon II LLC	
Document #:			
Order #:	15573308 -	1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:	✓✓	Email Address for Annual Report Notifications. rgeib@alapts.com
Availability Document Examiner Updater Verifier W.P. Vérifier Ref#	Amount: \$	160.00	

Thank you!

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. Cottages at Brandon II	LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	(Company,""L.L.C.," or "LLC.")		
If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in Flo	orida. The al	lemate name must include "Limited Liability Com	pany," "L.L.C," or	"LLC.")
Delaware		3.	99-2995133		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	٥.	(FEI number, if appl	icable)	
4					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration line penalty) labîlny)		
4890 W. Kennedy Blvd., Suite 900		6.	4890 W. Kennedy Blvd., Suite 90	00	
(Street Address of Principal Office)		0.	(Mailing Address)	_	
Tampa, FL 33609			Tampa, FL 33609	24	ν.
				34	*018
					- CEN
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C NOT a	icceptable)	PH	
<u></u>			•	PH 4: 02	STAT
Name:	C T Corporation System			2	ONS B
rume.	1200 South Pine Island Road				
Office Address:			_ 		
	Plantation		33324 , Florida		
	(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:	CT Corporation System Madonna Cuddiny	
	(Registered agent's signature)	

Madonna Cuddihy, Assistant Secretary

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Joseph G. Lubeck Manager Manager Manager Name: Name: _____ Cottages at Brandon II LLC ☐Member Address: Member Address: 4890 W. Kennedy Blvd., Suite 900 Authorized Authorized Tampa, FL 33609 Person Person Other___ Other _____ Other____ Other____ Manager Name: ■Manager Name: _____ Member Address: _____ Member Address: Authorized Authorized Person Person Other_____ Other___ Other____ Other____ Name: ____ Manager Manager Member Member Address: 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. /s/ Joseph G. Lubeck Signature of an authorized person Joseph G. Lubeck

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "COTTAGES AT BRANDON II 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 THIRTEENTH DAY OF MAY, A.D. 2024.

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

Authentication: 203459944

Date: 05-13-24