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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T 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.\*\*

legal@ridadev.com Email Address:\_



## Foreign Limited Liability Company AREG RIDA HYCC Land, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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| Estimated Charge      | \$155.00 |

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

IN COMPLIANCE WITH SECTION 405,000, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AREG RIDA HYCC Land, LLC (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "L.L.C.," or "LLC.") It name mayarable, enter digrade name adopted for the purpose of transacting business in Florida. The alternate must include "Limited Limbbly Company," "T. F. C. 99-3816010 (Jurisdiction under the law of which foreign limited liability company is organized) (Plate first transacted business in Florida, if poor to registration.) (See sections 605,0404, 2, 605,0905, F.S. to determine penalty liability). 1777 Walker Street, Ste 501 1777 Walker Street, Ste 501 (Street Address of Principal Office) Houston, Texas 77010 Houston, Texas 77010 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

## 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 atent's signature

From: David Thom

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:                      |
|--------------------|----------------------------------------|---------------------|----------------------------------------|
| ≟Manager           | Name:                                  | _Manager            | Name: RIDA HYCC Land FH, LLC           |
| ☐Member            | Address: 1777 Walker Street, Suite 501 | ■Member             | Address: 1777 Walker Street, Suite 501 |
| □Authorized        | Houston, Texas 77010                   | ☐ Authorized        | Houston, Texas 77010                   |
| Person             |                                        | Person              |                                        |
| ■ Other President  | Other                                  | □Other              | Other                                  |
| □Manager           | Name:                                  | □Manager            | Name:                                  |
| □Member            | Address:                               | □ Member            | Address:                               |
| Authorized         |                                        | - Authorized        |                                        |
| Person             |                                        | Person              |                                        |
| Other              |                                        | □Other              | Other                                  |
| Manager            | Name:                                  | ∏Manager            | Name:                                  |
| □Member            | Address:                               | - <sub>Member</sub> | Address:                               |
| □ Authorized       |                                        | Authorized          |                                        |
| Person             |                                        | Person              |                                        |
| T.Other            | ()ther                                 | []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.

| for the     |                                   |  |
|-------------|-----------------------------------|--|
|             | Signature of an authorized person |  |
| Ira Mitzner |                                   |  |
|             | Cyped or printed name of signer   |  |

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

DELAWARE, DO HEREBY CERTIFY "AREG RIDA HYCC LAND, 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 THIRD DAY OF JULY, A.D. 2024.

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

at corp.delaware.gov/auti

Authentication: 203856146

Date: 07-03-24