

M24000008937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2024 JUL - 9 PM 2:51

15:25:00

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. Foxhaven 460 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

460 Foxhaven 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Carruth Capital, LLC
(Street Address of Principal Office)

6. Same
(Mailing Address)

116 Flanders Rd., Suite 2000

Westborough, MA 01581

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

Name: Corporation Service Company

Office Address: 1201 Hayes Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Taylor Jones
(Registered agent's signature)

Taylor Jones, Assistant Secretary

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FILED

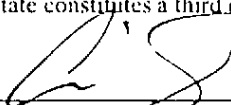
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Christopher F. Egan	<input type="checkbox"/> Manager	Name: Joseph R. Jenkins
<input type="checkbox"/> Member	Address: 116 Flanders Rd., Suite 2000	<input type="checkbox"/> Member	Address: 116 Flanders Rd., Suite 3-1100
<input type="checkbox"/> Authorized	Westborough MA 01581	<input checked="" type="checkbox"/> Authorized	Westborough, MA 01581
Person		Person	
<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
<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.



Signature of an authorized person

Christopher F. Egan

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOXHAVEN 460 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 SECOND DAY OF JULY, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

3934407 8300

SR# 20242865330

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

Authentication: 203849355

Date: 07-02-24

Law Offices of Joseph R. Jenkins PLLC

116 Flanders Road, Suite 3-1100, Westborough, MA 01581 ♦ Telephone (508) 366-1002 ♦ Facsimile (508) 898-9777

Joseph R. Jenkins
jjenkins@jrjlawoffice.com

Maura Ford Maloney
mford@jrjlawoffice.com



VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: **TIME SENSITIVE REQUEST**
FOXHAVEN 460 LLC
A DELAWARE LLC

Dear Sir or Madam:

Enclosed please find a completed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" along with an entity status certificate dated 07-02-24 from the State of Delaware and a check in the amount of \$125.00 for the application filing fee (\$100.00) and designation of resident agent (\$25.00) with regard to the above referenced entity.

Please note that this entity has been created for the exclusive purpose of holding title to real estate in the State of Florida.

We would very much appreciate it if the requisite documentation for existence in Florida could be filed/completed **at the earliest opportunity**.

Please feel free to contact my office should you have any questions or require additional documentation.

Very truly yours,

Joseph R. Jenkins

JRJ/cmp
Enclosures