

M24000009341

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 22 PM 2:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2024

ANGELA THARPE
220 N MAIN STREET
GAINESVILLE, FL 32601 US

SUBJECT: COLLIER NW 1ST LLC
Ref. Number: W24000098250

We have received your document for COLLIER NW 1ST LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00014450

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLLIER NW 1ST LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angela Tharpe
Name of Person
COLLIER NW 1st LLC
Firm/Company
220 N Main Street
Address
Gainesville, FL 32601
City/State and Zip Code
entityannualreport@colliercompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Tharpe at (352) 416-1423
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. COLLIER NW 1ST 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. Delaware 3. 88-0979437
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 220 N Main Street 6. 220 N Main Street
(Street Address of Principal Office) (Mailing Address)
Gainesville, FL 32601 Gainesville, FL 32601

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

Name: Nathan S. Collier
Office Address: 220 N Main Street
Gainesville, Florida 32601
(City) (Zip code)

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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.

[Signature]
(Registered agent's signature) (4)

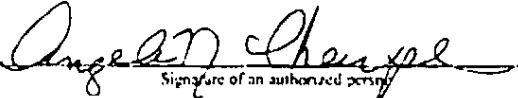
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Angela Tharpe</u>	<input type="checkbox"/> Manager	Name: <u>Jennifer Clince</u>
<input type="checkbox"/> Member	Address: <u>220 N Main Street</u>	<input type="checkbox"/> Member	Address: <u>220 N Main Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Gainesville, FL 32601</u>	<input checked="" type="checkbox"/> Authorized	<u>Gainesville, FL 32601</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tim Blakemore</u>	<input type="checkbox"/> Manager	Name: <u>Michael Rosenblatt</u>
<input type="checkbox"/> Member	Address: <u>220 N Main Street</u>	<input type="checkbox"/> Member	Address: <u>220 N Main Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Gainesville, FL 32601</u>	<input checked="" type="checkbox"/> Authorized	<u>Gainesville, FL 32601</u>
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
Angela Tharpe

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COLLIER NW 1ST 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 JUNE, A.D. 2024.



6616409 8300

SR# 20241652835

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203699367

Date: 06-13-24