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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (855)498-5500

Fax Number

: (800)432-3622

*Entersthe email address for this business entity to be used for future হিনিলাual report mailings. Enter only one email address please.** Email Address: Foreign Limited Liability Company THUNDERBIRD HILL SOUTH HOMES LLC

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Corporate Filing Menu

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COVER LETTER

	egistration Section livision of Corporations					
SUBJECT	r: Thunderbird Hill		* 11' Y''	<u> </u>		_
		Name of Li	nited Liability (company		
		ign Limited Liability Compar to register the above reference				
Please retu	irn all correspondence co	ncerning this matter to the fo	llowing:			
		Nam	ie of Person			_
	Capitol Servi	ces - Corporate Filing	s Team			_
	Firm/Company					
	515 East Park Avenue 2nd Fl					_
	Tallahassee,		177 75 1	· · · · · · · · · · · · · · · · · · ·		-
		City/Stat	e and Zip Code			
		E-mail address: (to be used f	or future annual	report notificati	on)	_
For further	information concerning	this matter, please call:				
			at (855	, 498 - 5500	0	
_	Name of	Contact Person	Area Code	Daytime 1	l'elephone Number	_
	IAILING ADDRESS:			STREET ADD		
	ivision of Corporations			Division of Cor	-	
	egistration Section O. Box 6327			Registration Se Clifton Buildin		
	allahassee, Fl. 32314			2661 Executive Tallahassee, FL	Center Circle	
	nclosed is a check for the lease make check payable	e following amount: e to: FLORIDA DEPARTM	ENT OF STA	TE		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Statu	\$155.00	Filing Fee & ed Copy	S160.00 Filing of Status & Ce	Fee, Certificate

H24000256861

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

IN COMPILANCE 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:

Thunderbird Hill 5	South Homes LLC - Limited Clability Company; must include "Limited Clability	v Company Till C Town The Till	
(Sause of Foreign	i Emilion Elability Company, most decidae - Emilion Elability	y company, backs, in their ,	
f name unovariable, enter alternate	nume adopted for the purpose of transacting business in Florida. The	Iternate name must include "Limited Liability Con-	pusy," "L. I. C," or "T.I.C.")
Delaware	1		
	hich foreign timated liability company is organized)	(FEI number, if app	licable)
	(Date first transacted business in Florida, if prior to registratio (See sections 605 0904 & 605 0905, F.S. to determine penalty	n.) liahility)	
825 Sunbird Terr	race 6.	825 Sunbird Terrace	
·	·		
Sebring, FL 3387	72	Sebring, FL 33872	
Name and street addre	ss of Florida registered agent: (P.O. Box NOT	uccantubla)	
Hame end street decre	35 OF FIORISA TO SINCE CA A BOTT	acceptance)	2024 JUL 30
Name:	Capitol Corporate Services, Inc.		SAL JUL
			JUL 30 AM
Office Address:	515 East Park Avenue 2nd FI		E. A
	Tallahassee	, Florida <u>32301</u>	A F
	(City)	(Zap cixite)	高田 W
**	otance: egistered agent and to accept service of process ation, I hereby accept the appointment as regist	<u> </u>	
comply with the provis	ilons of all statutes relative to the proper and co is of my position as registered agent.		
	V Z H (Kim Tadlock, as Ass	t Cooroton, on
	Kim Jadlock	behalf of Capitol Corp	•

(05/06) 07/30/2024 01:47:36 PM

24 01:47:36 E...
H240002668 ED

2024 JUL 30 AM 4: 13
FALLAHASSEE, FLORID,

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: Stuart Carter	Manager	Name:	
Member	Address: 825 Sunbird Terrace	Member	Address:	
Authorized	Sebring, FL 33872	Authorized		
Person		Person		
Other	Other	Other	Other	
Manager	Name:	Manager Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	Other	
Manager	Nume:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	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				
Jon Goldberg				

Typical or printed name of signee

H24000256861

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THUNDERBIRD HILL SOUTH HOMES 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-FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THUNDERBIRD HILL SOUTH HOMES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2024.

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



4418725 8300 SR# 20243238587

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

Allery & Buddet, Successivy of State

Authentication: 204014560

Date: 07-25-24