M24000011453

8/30/2024 Division of Corporations

Florida Department of State
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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

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Email Address: tax@sitecenters.com

Foreign Limited Liability Company

CL NARCOOSSEE COVE NORTH FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Docusign Envelope ID: 03FF7D4C-B108-477C-9789-23A9FCF4A427

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. CL NARCOOSSEE COVE NORTH FL 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
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 99-3217832
(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. 3300 Enterprise Pkwy.
(Street Address of Principal Office)

Beachwood, OH 44122

6. 3300 Enterprise Pkwy
(Mailing Address)

Beachwood, OH 44122

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Stephen Rullis
(Registered agent's signature)

Stephen Rullis, Vice President

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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: April M. Ehrenbeit	☐ Manager	Name: Michael S. Owendoff
☐ Member	Address: 3300 Enterprise Pkwy.	☐ Member	Address: 3300 Enterprise Pkwy.
☒ Authorized	Beachwood, OH 44122	☒ Authorized	Beachwood, OH 44122
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Lesley Solomon	☐ Manager	Name:
☐ Member	Address: 3300 Enterprise Pkwy.	☐ Member	Address:
☒ Authorized	Beachwood, OH 44122	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ 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.

Signed by:
April M Ehrenbeit
0A25CE40C93B4AB

Signature of an authorized person

April M. Ehrenbeit, Sr. Director of Tax, Authorized Person

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CL NARCOOSSEE COVE NORTH FL 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 THIRTIETH DAY OF AUGUST, A.D. 2024.

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

Jeffrey W. Bullock, Secretary of State

3746197 8300

SR# 20243564374

Authentication: 204283043

Date: 08-30-24

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