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la:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _ corporate@zkslaw.com

Foreign Limited Liability Company THE VILLAGE MHC, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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Help

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COVER LETTER

| | THE VILLAGE MHC, LLC | | | | | |
|-----------------------------|--|--|--|--|--|--|
| SUBJECT: | | e of Limited Liability Company | | | | |
| The enclose Existence, a | d "Application by Foreign Limited Liability and check are submitted to register the above | Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florid | | | | |
| Please returi | n all correspondence concerning this matter t | to the following. | | | | |
| | D. SCOTT BAKER, ESQUIRE | | | | | |
| | Name of Person | | | | | |
| | ZIMMERMAN, KISER & SUTCLIFFE, P.A. | | | | | |
| | Firm/Company | | | | | |
| | 315 E. ROBINSON STREET, SUITE | 600 | | | | |
| | | Address | | | | |
| | ORLANDO, FLORIDA 32801 | | | | | |
| | | hty/State and Zip Code | | | | |
| | REGISTEREDAGENT@ZKSRASERV | VICES.COM | | | | |
| | E-mail address. (to be | e used for future annual report notification) | | | | |
| For further i | information concerning this matter, please ca | 11 | | | | |
| Eil | leen Soto, Legal Assistant | 407 425-7010 | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | | | |
| Mailing Address: | | Street Address: | | | | |
| Registration Section | | Registration Section | | | | |
| Division of Corporations | | Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| Та | llahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Ple | closed is a check for the following amount, asse make check payable to, FLORIDA DEI \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fe Certificate \$\circ\$\$ | re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate | | | | |

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

IN COMPLANCE WITH SECTION 035,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

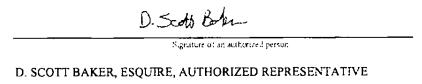
| | name adopted for the purpose of transacting business in Plorid | The alternate name must arctifue "Limited Liability Company" "LiL | | | |
|----------------------------------|--|---|--|--|--|
| 2221111 | | 33-1318475 3. | | | |
| (Jurisdiction under the law of w | high foreign united hability company is organized | (Fill number of applicable) | | | |
| UPON REGISTRATI | ON | | | | |
| | (Date first transacted business in Florida, if prior to reg. (See sections 503,0904 & 503,0905, F.S. to determine p | ration) nalty a shisty) | | | |
| | | 315 E ROBINSON STREET, SUITE 600 | | | |
| t Address of Francipal Office) | | (Mailing Address) | | | |
| | | | | | |
| | A 32801 | ORLANDO, FLORIDA 32801 OT acceptable) | | | |
| | | OT acceptable) | | | |
| Name and <u>street addres</u> | ss of Florida registered agent (PO Box N | | | | |
| Name. | s of Florida registered agent (P O Box No. 1) | | | | |

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 | <u>.</u> | Name and Address: |
|--------------------|------------------------------------|-------------------|-------------|-------------------|
| ■ Manager | Name. GMF SIDE CAR HOLDINGS II, LI | _C □Manager | Name. | |
| □Member | Address. 315 E. ROBINSON STREET | □Member | Address | |
| □Authorized | SUITE 600 | □Authorized | | |
| Person | ORLANDO, FLORIDA 32801 | Person | | |
| □Other | | □ Other | | □ Other |
| □Manager | Name | □Manager | Name, | |
| □Member | Address | □Member | Address. | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □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.





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

DELAWARE, DO HEREBY CERTIFY "THE VILLAGE MHC, 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 FIRST DAY OF OCTOBER, A.D. 2024.

Authentication: 204500117

Date: 10-01-24