

10/23/24, 11:51 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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

Email Address: nbeagles@crowholdings.com

**Foreign Limited Liability Company**  
**Maple Multi-Family Contractor FL, L.L.C.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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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. Maple Multi-Family Contractor FL, L.L.C.

(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 law of which foreign limited liability company is organized)

3. n/a

(FEL 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. 3819 Maple Avenue

(Street Address of Principal Office)

Dallas, TX 75219

6. 3819 Maple Avenue

(Mailing Address)

Dallas, TX 75219

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

(City)

, Florida 33324

(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.

By: Sandra Zwiack C T Corporation System  
Sandra Zwiack, Assistant Secretary  
(Registered agent's signature)

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>Maple Residential, L.P.</u>	<input type="checkbox"/> Manager	Name: <u>Bobby Beliveau</u>
<input checked="" type="checkbox"/> Member	Address: <u>3819 Maple Ave, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>3715 Northside Parkway</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75219</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 2-800</u>
Person	<u></u>	Person	<u>Atlanta, GA 30327</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Donna Kruger</u>	<input type="checkbox"/> Manager	Name: <u>Sean D. Rae</u>
<input type="checkbox"/> Member	Address: <u>3715 Northside Parkway</u>	<input type="checkbox"/> Member	Address: <u>3889 Maple Avenue, Suite 200</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 2-800</u>	<input checked="" type="checkbox"/> Authorized	<u>Dallas, TX 75219</u>
Person	<u>Atlanta, GA 30327</u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Joseph Taylor</u>	<input type="checkbox"/> Manager	Name: <u>Lennard W. Wood, Jr.</u>
<input type="checkbox"/> Member	Address: <u>3715 Northside Parkway</u>	<input type="checkbox"/> Member	Address: <u>3715 Northside Parkway</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 2-800</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 2-800</u>
Person	<u>Atlanta, GA 30327</u>	Person	<u>Atlanta, GA 30327</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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 695.0203 (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.

Nadia Beagles  
Signature of an authorized person

Nadia Beagles

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MAPLE MULTI-FAMILY CONTRACTOR FL,  
L.L.C." 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-SECOND DAY OF OCTOBER, A.D.  
2024.

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



5654936 8300

SR# 20244012679

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204691519

Date: 10-22-24