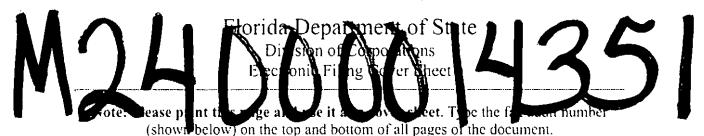
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Division of Corporations



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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:	legal@crcrealty.com	
FINGTT MODICES.		

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## Foreign Limited Liability Company CR HENLEY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

M. SOLOMON

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Help

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

IN COMPLIANCE WITH SECTION 6/5,0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	name adopted for the purpose of transacting husiness in Flori	da. The alternate name must include "Limited Li-	ability Company," "L.1. C," or "L.I.C
Delaware 		33-1841719	
Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	er, if applicable)
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration ) penalty liability)	
1427 Clarkview Road,	Suite 500	1427 Clarkview Road, Suite	
reel Address of Principal Office)	<del></del>	(Mailing Address)	
Baltimore, MD 21209		Baltimore, MD 21209	<b>2024</b> SEC
			<b>V</b>
Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box. <u>S</u>	SOT acceptable)	COF STATE
Name:	C T Corporation System		24 ATE
Office Address:	1200 South Pine Island Road		
	Plantation	33324 Florida	
	(City)	, Florida(Zip code)	<del></del>

Ву:	C T Corporation System	Shudde Julipal.
	(Registered agent's sign	nature)

From: Kaity Toc

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: Lauren Wayne	□Manager	Name: Steve Roenick
□Member	Address:Address:	□Member	Address:1427 Clarkview Road, Ste. 500
■Authorized	Baltimore, MD 21209	■Authorized	Raltimore, MD 21209
Person	Vice President	Person	Vice President
□Other	Other	□Other	
□Manager	Name.	□Manuger	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	2024 NOV
Person		Person	Nov To
□Other		□Other	Doiher 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□Manager	Name:	□Manager	Name: ZZ 2
□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. Nonindexed 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.

Steele Ran		
P	Signature of an authorized person	
Steve Roenick, Vice President		

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CR HENLEY, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204839889

Date: 11-11-24