Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000406594 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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

	- Email	Address:_		 <u>.                                    </u>	
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8	<u></u>		 	 	

Foreign Limited Liability Company

CT REAL ESTATE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: CT REAL ESTATE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erika A. Easter
Name of Person
eMinutes
Firm/Company
228 Park Ave S, PMB 50845
Address
New York, NY 10003-1502
City/State and Zip Code
eteam@eminutes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika A. Easter	310 820-1000
Name of Contact Person	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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 685,0002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<del>-</del>		Florida. The alternate name must include "Limited Liability Compan	y," "El. C." or "E.t.		
lenness	hich foreign limited liability company is organized)	3. (FEI number, if applicable	1		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to determ	pregistration ) une penalty liability)			
4252 Wa	arren Rd	1880 Century Park East., St 6. (Mailing Address)	uite 1600		
t Address of Principal Office)		O. (Mailing Address)			
Franklin, Tennessee 37067			Los Angeles, California 90067		
	nnessee 37067		90067		
		x <u>NOT</u> acceptable)			
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	90067 ZUZH DEC 10		
Name and <u>street addres</u> Name:	eResidentAger  115 N Calhoun St	x NOT acceptable)  nt, Inc.  Suite 4	702×DEC 10 FH		
Name and <u>street addres</u> Name:	eResidentAger	x <u>NOT</u> acceptable)	702×DEC 10 FH		
Name and street address  Name:  Office Address:	eResidentAger  115 N Calhoun St  Tallahassee	nt, Inc. Suite 4  Florida 32301	202: DEC 10 FH 9: 119		
Name and street address:  Name:  Office Address:  istered agent's accepting been named as re	eResidentAger  115 N Calhoun St  Tallahassee	x NOT acceptable)  nt, Inc.  Suite 4	ZUZIDEC 10 FH 9: 19 the		

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:	Ī	Name and Address:
<b>≣</b> Manager	Name: Gabriel Conte	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Los Angeles, California 90067	□Authorized	<del> </del>	·
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□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.

Signature of an authorized person

Gabriel Conte

Typed or printed name of signee



## **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**ERIKA EASTER** 

**ERIKA EASTER** 

Secretary of State

228 PARK AVE. S PMB 50845 NEW YORK, NY 10003-1502

Request Type: Certificate of Existence/Authorization

Request #:

Receipt #: 009369565

0614732

Issuance Date: 12/06/2024

Copies Requested:

December 6, 2024

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3887623394

\$20.00

Regarding:

CT REAL ESTATE, LLC

Filing Type:

Status:

Limited Liability Company - Domestic

Formation/Qualification Date: 10/18/2023

Duration Term: Perpetual

Business County: WILLIAMSON COUNTY

Active

Control #: 1476652 Date Formed:

10/18/2023 Formation Locale: TENNESSEE

Inactive Date:

### CERTIFICATE OF EXISTENCE

Document Receipt

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## CT REAL ESTATE, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 071485629