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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

\*\*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 PINE ACRES MHC, LLC

| Estimated Charge      | \$125.00 |
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## COVER LETTER

TO:

|                               | PINE ACRES MHC, LLC  |  |
|-------------------------------|--|--|
| SUBJECT:                      | me of Limited Liability Company  |  |
| The enclosed<br>Existence, as | d "Application by Foreign Limited Liability<br>nd check are submitted to register the above                      | Company for Authorization to Transact Business in Florida," Certificate e referenced foreign limited liability company to transact business in Flori |
| lease return                  | n all correspondence concerning this matter  | to the following.  |
|                               | D. SCOTT BAKER, ESQUIRE  |  |
|                               |  | Name of Person   |
|                               | ZIMMERMAN, KISER & SUTCLIF   | FFE, P.A.  |
|                               |  | Firm/Company   |
|                               | 315 E. ROBINSON STREET, SUITI  | E 600  |
|                               |  | Address  |
|                               | ORLANDO, FLORIDA 32801   |  |
|                               |  | City/State and Zip Code  |
|                               | REGISTEREDAGENT@ZKSRASER   | VICES.COM  |
|                               | E-mail address: (to b  | ne used for future annual report notification)   |
| or further in                 | nformation concerning this matter, please ca   | all.   |
| Jes                           | sica Snyder, Corporate Paralegal   | 407 425-7010   |
| -                             | Name of Contact Person   | Area Code Daytime Telephone Number   |
| Reg<br>Div<br>P.C             | gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303       |
| Plea                          | closed is a check for the following amount: ase make check payable to. FLORIDA DE \$125.00 Filing Fe Certificate | ce & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate  |

## 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:

| name unavailable, enter alternate   | name adopted for the purpose of transacting bissuess in Flo   | wida. The alterni                  | ate name must include "Limited Limbility C | Company," "L.L.C." or "LLC.") |  |  |
|---|---|------------------------------------|--|-------------------------------|--|--|
| DELAWARE  |   | Ap                                 | Applied For 3.                             |                               |  |  |
| (Junsdiction under the law of which foreign limited liability company is organized) |   | J                                  | (Fizi number, if ap                        | (, if applicable)             |  |  |
| UPON REGISTRATI   | ON  |                                    |  |                               |  |  |
|   | (Date first transacted business in Florida, if prior to re<br>(See sections 605,0904 & 605,0905, F.S. to determin | egistration)<br>te penalty liabili | ty)  |                               |  |  |
| 315 E ROBINSON STREET, SUITE 600  |   | 315                                | 315 E ROBINSON STREET, SUITE 600           |                               |  |  |
| reet Address of Principal Office)   |   | 6                                  | (Mailing Address)                          | <del></del>                   |  |  |
| ORLANDO, FLORIDA 32801  |   | ORLANDO, FLORIDA 32801             |  |                               |  |  |
|   |   |                                    |  | 1825 J                        |  |  |
| Name and street addre   | SS of Florida registered agent: (P.O. Box  ZKS REGISTERED AGENT SERVIC  |                                    | otable)                                    | 16 PM 5: 04                   |  |  |
| Name:   |   | ne                                 |  | 50 F                          |  |  |
| Name: Office Address:   | 315 E ROBINSON STREET, SUITE 60   | <del></del>                        | _  |                               |  |  |
|   | ORLANDO   |                                    |  |                               |  |  |
|   |   |                                    |  |                               |  |  |

(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]:

| Title or Capacity: | Name and Address:                  | Title or Capacity: |          | Name and Address:  |
|--------------------|------------------------------------|--------------------|----------|--|
| <b>≣</b> Manager   | Name GMF Side Car Holdings II, LLC | □Manager           | Name:    |  |
| □Member            | Address: 315 E. ROBINSON STREET    | □Member            | Address: |  |
| □Authorized        | SUITE 600                          | □Authorized        |          |  |
| Person             | ORLANDO, FLORIDA 32801             | Person             |          |  |
| □Other             | Other                              | □Other             |          | Other  |
| □Manager           | Name.                              | □Manager           | Name:    | PART TO THE PART OF THE PART O |
| □Member            | Address.                           | □Member            | Address  | PART TO SERVICE TO SER |
| □Authorized        |                                    | □Authorized        |          | 5 6 M  |
| 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.

D. Scott Baken

Signature of an authorized person

D. SCOTT BAKER, ESQUIRE, AUTHORIZED REPRESENTATIVE

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PINE ACRES 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 FOURTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE ACRES MHC, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2025.

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

FILEU 2025 JAN 16 PM 5: 04 2017 JAN 16 PM 5: 04



Authentication: 202687991

Date: 01-14-25

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