

**M2500000886**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company**  
**PROSE PLANT CITY ALLIANCE DEVELOPER, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 04       |
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K. SALY

JAN 16 2025

# 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. Prose Plant City Alliance Developer, 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. \_\_\_\_\_  
(FEI 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. 7135 E. Camelback Road, Suite 360  
(Street Address of Principal Office)

6. 7135 E. Camelback Road, Suite 360  
(Mailing Address)

Scottsdale, AZ 85251

Scottsdale, AZ 85251

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, Florida 33324  
(City) (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.

Meredith Hellwig

Meredith Hellwig

(Registered agent's signature)

2025 JAN 16 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILED**  
 2025 JAN 16 PM 5:03  
 TALLAHASSEE, FLORIDA

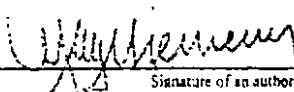
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Robert C. Anderson        | <input type="checkbox"/> Manager               | Name: Brian P. Austin           |
| <input type="checkbox"/> Member                | Address: 200 South Orange Ave.  | <input type="checkbox"/> Member                | Address: 820 Gessner            |
| <input checked="" type="checkbox"/> Authorized | Suite 1575                      | <input checked="" type="checkbox"/> Authorized | Suite 100                       |
| Person   | Orlando, FL 32801               | Person   | Houston, TX 77024               |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |
| <br><input type="checkbox"/> Manager           | Name: V. Jay Hiemenz            | <br><input type="checkbox"/> Manager           | Name: Robert G. Weston, Jr.     |
| <input type="checkbox"/> Member                | Address: 7135 E. Camelback Road | <input type="checkbox"/> Member                | Address: 7135 E. Camelback Road |
| <input checked="" type="checkbox"/> Authorized | Suite 360                       | <input checked="" type="checkbox"/> Authorized | Suite 360                       |
| Person   | Scottsdale, AZ 85251            | Person   | Scottsdale, AZ 85251            |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  |
| <br><input type="checkbox"/> Manager           | Name: Nicholas J. Chapman       | <br><input type="checkbox"/> Manager           | Name: Michael J. Ging           |
| <input type="checkbox"/> Member                | Address: 7135 E. Camelback Road | <input type="checkbox"/> Member                | Address: 1800 Boca Center       |
| <input checked="" type="checkbox"/> Authorized | Suite 360                       | <input checked="" type="checkbox"/> Authorized | 1800 Military Trail, Suite 250  |
| Person   | Scottsdale, AZ 85251            | Person   | Boca Raton, FL 33431            |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other  | <input type="checkbox"/> Other                 | <input type="checkbox"/> 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

V. Jay Hiemenz  
 \_\_\_\_\_  
 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 "PROSE PLANT CITY ALLIANCE DEVELOPER, 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 FIFTEENTH DAY OF JANUARY, A.D. 2025.

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

FILED  
2025 JAN 16 PM 5:04  
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FALLAHASSEE, FLORIDA



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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 "JB", 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: 202704547

Date: 01-15-25