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.

(((H25000012759 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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

Foreign Limited Liability Company FLETCHER FL LAND HOLDCO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 2083526281

IN FLORIDA

ability company is organized) seted business in Florida, if prior to 15 0904 & 605 0905, FS (ordeterm)	33-2744270 (FEI number, if application.) (repenalty hability) 6. 8 The Green STE A (Mailing Address) Dover DE 19901	olicable)
	6. (Mailing Address)	licable)
eted business in Florida, if prior to 5 0904 & 605 0905, FS to determ	6. 8 The Green STE A (Mailing Address)	
	6. 8 The Green STE A (Mailing Address)	
	Dover DE 19901	_
		25
		Sign
-	NOT acceptable)	7 AH 11: 21
Office Address: 7901 4th St N STE 300		
1	. Florida ³³⁷⁰²	
(Cny)	(Zip code)	
	STE 300	STE 300 . Florida 33702

1/17/2025 06:15:27 PST

To: 18506176383

From: Registered Agents Inc.

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 Capaci	ty:	Name and Address:
□Manager	Name:	□Manager	Name:	
 	Address: 7901 4th St N STE 300	□Member	Address: _	
	St. Petersburg FL 33702	□Authorized		
Person	Frankland Article Article Control of the Control of	Person		
□Other	Other	□ Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
∏Authorized		□Authorized		•••
Person		Person		
□Other	Other	Other		Other
LJManager	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. 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.

b 1- +		
RADINI DIKAN		
77	Signature of an authorized person	
Robin Jones		
	Exped or printed name of signer	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLETCHER FL LAND HOLDCO, 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 NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLETCHER FL LAND HOLDCO, LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 202650922

Date: 01-09-25