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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

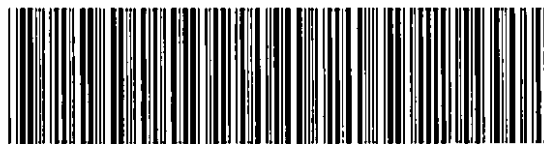
(Business Entity Name)

(Document Number)

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2025 JAN -5 AM 10:35

T. LEMIEUX
JAN 28 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CH II WESTVIEW COMMUNITIES FL, 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:

ANNETTE WILLIAMS

Name of Person

CH II WESTVIEW COMMUNITIES FL, LLC

Firm/Company

835 N. CONGRESS AVE.

Address

EVANSVILLE, IN 47715

City/State and Zip Code

TBIADMIN@TRAYLOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNETTE WILLIAMS

812

477-1542

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. CH II WESTVIEW COMMUNITIES FL, LLC
(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. 33-2545019
(FEI number, if applicable)

4. 01/01/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4215 W. LOVERS LANE
(Street Address of Principal Office)

6. 835 N. CONGRESS AVE.
(Mailing Address)

SUITE 150

ATTN: LEGAL DEPT.

DALLAS, TX 75209

EVANSVILLE, IN 47715

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEFF PORTER

Office Address: 340 CROWN OAK CENTRE DR.

LONGWOOD, Florida 32750
(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.



(Registered agent's signature)

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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:**

☐ Manager Name: Daniel A. Traylor

☒ Member Address: 5410 Farquhar Ln.

☒ Authorized Dallas, TX 75209

Person

☒ Other President ☐ Other

☐ Manager Name: Jeff Porter

☒ Member Address: 105 Ardsdale Court

☒ Authorized Longwood, FL 32750

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Columnar Holdings II, LLC

☒ Member Address: 835 N. Congress Ave.

☐ Authorized Evansville, IN 47715

Person

☐ Other ☐ Other

☐ Manager Name: Sean Froelich

☒ Member Address: 38 Drovers Ln.

☒ Authorized Fairview, NC 28730

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized


Person


☐ 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.


Sean Froelich (Dec 30, 2024 13:54 EST)


Signature of an authorized person

Sean Froelich


Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH II WESTVIEW COMMUNITIES FL, 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 THIRTIETH DAY OF DECEMBER, A.D. 2024.


Jeffrey W. Bullock, Secretary of State

10047373 8300

SR# 20244587061

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205252976

Date: 12-30-24