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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	WESTVIEW COMMUNITIES FL, LLC						
	Nan	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid					
Please re	eturn all correspondence concerning this matter	to the following:					
	ANNETTE WILLIAMS						
		Name of Person					
	WESTVIEW COMMUNITIES FL, L	JLC					
		Firm/Company					
	835 N. CONGRESS AVE.						
	Address						
	EVANSVILLE, IN 47715						
	(City/State and Zip Code					
	TBIADMIN@TRAYLOR.COM						
	E-mail address: (to b	e used for future annual report notification)					
For furth	er information concerning this matter, please ca	मी:					
	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 DEI \$\Bigcia \text{\$\frac{1}{2}\$}\$	e & 🔲 \$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:

WESTVIEW COMMU	JNITIES FL, LLC Limited Liability Company; must include "Limite	d Liabilit	y Company,""L.L.C.," or "LLC.")		
name unavailable, enter alternate	maine adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability	Company,"	"L. L.C," or
DELAWARE		3	33-2522198		
2. (Jurisdiction under the law of which foreign limited liability company is organized)		J.	(FEI number, if applicable)		
01/01/2025					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	n.) Hability)	-	
4215 W. LOVERS LN.			835 N. CONGRESS AVE.		
reet Address of Principal Office)		6.	(Mailing Address)		
SUITE 150			ATTN: LEGAL DEPT.		2025.
DALLAS, TX 75209			EVANSVILLE, IN 47715		J
Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)		Mii 10: 42
			•		0: -
Name:	JEFF PORTER			•;	₹>
Office Address:	340 CROWN OAK CENTRE DR.				
	LONGWOOD		32750 , Florida		
	(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)

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: Daniel A. Traylor Name: CH II Westview Communities FL, LLC ■ Manager
 ■ □Manager Address: _____ Address: 4215 W. Lovers Ln. □Member **■**Meinber Dallas, TX 75209 Dallas, TX 75209 **■**Authorized □ Authorized Person Person Other__ Other Other □Other Name: Sean Froelich □Manager □Manager Name: Address: 38 Drovers Ln. **Member** □Member Address: ______ Fairview, NC 28730 Authorized ☐ Authorized Person Person □Other □Other_____ Other____ Other____ □ Manager Name: _____ Name: □ Manager ☐ Member Address: _____ []Member Address: □Authorized □ Authorized Person Person □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.

Typed or printed name of signce

Daniel A. Traylor



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

DELAWARE, DO HEREBY CERTIFY "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.



Authentication: 205252967

Date: 12-30-24