

3/1/2021

MA 100002354

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
CRP/CDP Daytona Owner, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

3/2/21

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. CRP/CDP Daytona Owner, 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. applied for (FEI number, if applicable)

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

5. 1001 Pennsylvania Ave NW, Suite 220 South (Street Address of Principal Office) 6. 1001 Pennsylvania Ave NW, Suite 220 South (Mailing Address) Washington DC 20004 Washington DC 20004

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

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.

By: C T Corporation System (Registered agent's signature) Mark Holloway, Asst. Sec.

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: CRP/CDP Daytona

Member Address: Venture, L.L.C.

Authorized 1001 Pennsylvania Ave NW

Person Washington DC 20004

Other _____ Other _____

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

Manager Name: Brian D. Nelsen

Member Address: _____

Authorized 1001 Pennsylvania Ave NW

Person Washington DC 20004

Other _____ Other _____

Manager Name: Mark Mechlowitz

Member Address: 880 Glenwood Ave Suite 11

Authorized Atlanta, GA 30316

Person _____

Other _____ Other _____

Manager Name: John F. Adams Jr

Member Address: _____

Authorized 1001 Pennsylvania Ave NW

Person Washington DC 20004

Other _____ Other _____

Manager Name: Rob Meyer

Member Address: 880 Glenwood Ave Suite H

Authorized Atlanta, GA 30316

Person _____

Other _____ Other _____

Manager Name: James Williams

Member Address: 1001 Pennsylvania Ave NW

Authorized Washington DC 20004

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



Signature of an authorized person

Stacy M. Rosenthal

Typed 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 "CRP/CDP DAYTONA OWNER, L.L.C." 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2021.

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

2021
 11/12
 11/12



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20210674075

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