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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.

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Page: 2 of 5

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:______

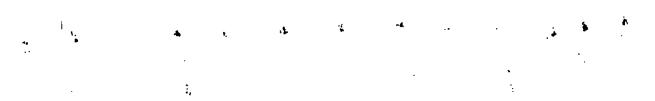
Foreign Limited Liability Company Northwood Gardens Managing Co. GP, LLC

| Certificate of Status | 0 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH NECTION 605,6002, FLORIDA STATUTEN. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED | HABILITY |
|--|----------|
| COMPANY TO TRANSACT BUNINESS ANTHE STATE OF ELORIDA: | |

| Northwood Gardens Ma | maging Co. GP, L.L.C. amited Fability Company, must include "Familed F | · · · · · · · · · · · · · · · · · · · | T A P TY 75 TO | | | |
|--|---|--|---------------------------------|-------------------|-------------|--------|
| (Name of Foreign I | amited Liability Company, must include "Fainted E | лавівіту Сотірліцу — і | . [, or" .t. | | | |
| name unavailable, enter alti mate ii. | one adopted for the purpose of transacting business in Flori | da. He alternate name m | of include "Limited Liability C | Josephany," "I | | 1011 |
| Delaware | | N/A | | | ~3 | |
| (Jurisdiction under the law of wh | ich fereign limited lithility (ompany is organized) | 3. | if ld number, if an | blicipië) | 121 | |
| Upon filing | | | | | HAR | |
| | (Date first transacted business in Monda, if poor to reg (See sections 69) (2001 & 60) 0505, F.S. to determine | penalty hability) | | | 9 | 11 |
| 999 Waterside Drive, S | | 999 Waters | ide Drive, Suite 2300. | 900 900 900 | PK | |
| icel Address of Principal (Place) | | 6 | Address) | د کینی | <u></u> | |
| Notfolk, VA 23510 | | Norfolk, V | A 23510 | 프랑 | 25 | |
| | | | | | | |
| | | | | · | | |
| Name and street address Name. | s of Florida registered agent. (P.O. Box) C T Corporation System | NOT acceptable) | | | | |
| | | NOT acceptable) | | | | |
| Name. | C T Corporation System E200 South Pine Island Road Plantation | | 33324 | | | |
| Name. | C'T Corporation System 1200 South Pine Island Road | | 33324 rida | | | |
| Name. Office Address. legistered agent's accept laving been named as re- esignated in this applica- to comply with the provisi | C T Corporation System 1200 South Pine Island Road Plantation (City) | . Flo ocess for the above registered agent a | rida | s capacity | e. I furth | her ag |

From: Ranae McGraw

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 (5) total]

| Title or Canacity: | Name and Address: | Title or Capacit | <u>y:</u> | Name and Address: |
|--------------------|--|----------------------|---------------------------------------|-------------------|
| □Manager | Name: T. Richard Latton, Jo. | ∏Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| ☑Authorized | Norrolk, VA 23510 | ☐ Authorized | | |
| Person | | Person | | 20: |
| DOther | Other | _Other | · · · · · · · · · · · · · · · · · · · | Other 3 |
| ∐Manager | Name: Carla R. Stoner | ∏Manager | Name | -9 P |
| ⊒Member | Address: 999 Waterside Dr., Suite 2300 | | Address: | - F |
| ■Authorized | Norfolk, VA 23510 | ∏Authoriz e d | | ^{교실} 56 |
| Person | | Person | | |
| □Other | | Other | | □Other |
| ∐Manager | Name: | □ Manager | Name: | |
| □Member | Address: | Member | Address: | |
| □Authorized | | Authorized | | |
| Person | | Person | | |
| □Other | □ Other | ()ther | | _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.

| \mathcal{N} | | |
|------------------------|-----------------------------------|--|
| | Signature of an authorized person | |
| T. Richard Litton, Jr. | | |
| | Expediat pointal dame of scotter | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORTHWOOD GARDENS MANAGING CO. GP,

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 EIGHTH DAY OF MARCH, A.D. 2021.

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

MAR -9 PH 4: 5

Authentication: 202675737

Date: 03-08-21

5361883 8300 SR# 20210831564

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