Division of Corporations

3/9/2021

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:	
LINGAL	700,632,	 _

Foreign Limited Liability Company Bel Aire Gardens Managing Co. GP, LLC

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

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Corporate Filing Menu

Help



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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(Name of Foreign)	inited Fishility Company: trust mehide "Fituted	Etability Company "	.1 C." or "E.C.")			
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	(This first transacted business in Florida, if prior to (Sec sections 693-690) & 03-03, F.S. to determine	egistration) ne penalty hability)		က်ကိုကို	-P	
999 Waterside Drive, 8	Suite 2300	999 Waters	address)	2300 1710	-:-	¥
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		Mark Calls 37				
	or of Florida registered agent. (P.O. Box	Norfolk, V	A 25310			
Norfolk, VA 23510 Name and street address	ss of Florida registered agent. (P.O. Box C T Corporation System		A 25310			
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Name and street addres			A 25310			
Name and street address Name.	C'T Corporation System	NOT acceptable)	11321			
Name and street address Name.	C'T Corporation System 1200 South Pine Island Road	NOT acceptable)	33324 orida			

From: James Tanks III

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 Capacit	<u>v:</u>	Name and Address:
∐Manager	Name: T. Richard Litton, Jr.	☐ Manager	Name:	
□Member	Address:	□Member	Address:	
☑Authorized	Nortolk, VA 23510	Authorized		
Person		Person		
□Other	□ Other	Cother		⊒Óther_ 20
□Munager □Member □Authorized	Name: Carla R. Stoner Name: 999 Waterside Dr., Suite 2300 Address: Norfolk, VA 23510	□ Manager □ Member □ Authorized	Name: Address:	SSE P
Person		Person		
□Other				□Other
□Manager □Member	Name:	∏Managei ∏Member		
□Authorized		Authorized		<u></u>
Person		Person		
]()ther				_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 outh of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (T) (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.

N		
	Signature of an authorized person	
T. Richard Litton, Ji		
	Typed or printed name of signer	



Page 1

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

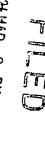
DELAWARE, DO HEREBY CERTIFY "BEL AIRE GARDENS MANAGING CO. GP, LLC"

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
ASSESSED TO DATE.



e at corp delaware gov/aut

Authentication: 202675745

Date: 03-08-21