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## COVER LETTER

TO:	Registration Secti Division of Corpo					
enn n	revr.	CH Realty IX/MF	Fort Myers Retreat	Owner GP, L.L.C.		
SUBA	ECT:	Name of Limited Liability Company				
The en Exister	nclosed "Application b nee, and check are sul	by Foreign Limited Liability Cor binitted to register the above refe	npany for Authorizat renced foreign limit	tion to Transact Business in Florida, and liability company to transact busi	" Certificate of ness in Florida.	
Please	return all correspond	ence concerning this matter to th	e following:			
			Denise Cottle			
		· <del></del>	Name of Person	<del>-</del> -	-	
		Crow Holdi	ings Capital Partners	, L.L.C.		
Firm/Company					-	
3819 Maple Avenue Address						
					-	
		Dal	llas, Texas 75219			
	City/State and Zip Code dcottle@crowholdings.com				-	
					_	
		E-mail address: (to be us	sed for future annual	report notification)		
For fu	rther information con-	cerning this matter, please call;				
		David Crites	214 at (	661-8228	_	
	N	Tame of Contact Person	Area Code	Daytime Telephone Number	-	
	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
		k for the following amount: payable to: FLORIDA DEPAF Fee S130.00 Filing Fee Certificate of S	& D \$155.00		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:

• -	(Name of Foreign	t Myers Retreat Owner GP, L.L.C. Limited Liability Company; must include "Limit	ed Liabilit	y Company," "I	L.L.C.," or "LLC.")			_
	ame unavailable, enter stiernale n	ame adopted for the purpose of transacting business in Fl	orida The a	lterrate name mas	a include "Limited Liability Co	ompany." "L.L	C." or "Ll	i.c.m
(3116	nie anatamine, emer menane in	are adopted to the purpose of this actual of sales and the	orium. The u	nempte tazine mais	include Limited Habitily C.	ompany, 13.12		
2. C	Delaware		2					
	(Jurisdiction under the law of wh	nich föreign limited liahility company is organized)	5.	-	(FEI number, if a	oplicable)		_
	Upon filing							
4		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	rine penalty	i) liability}		_		
5.	3819 Maple Avenue		3819 Maple Avenue 6. (Marling Addi		le Avenue			
٠, .	(Street Address of Principal Office)		0.		(Mailing Address)	ري 	2022、	_
	Dallas, TX 75219			Dallas, TX 75219		TALL	/2 JAI	
-						>-: :::::::::::::::::::::::::::::::::::		Cat W
						AHAS	2	
-						(7) (7)	Ĭ	- ; •
7.	Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	acceptable)			PH 4: 00	``••
	Name:	Corporation Service Company						
	Office Address:	1201 Hays Street						
		Tallahassee		Flo	32301 rida	_		
		(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.

Corporation Service ( By:	Company Curcles	Bon
	(Registered agent's agnature)	70

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and a () total]:	ddresses of the primary m	embers/manag	gers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Fund IX Managers, L.L.C.	Manager	Name:	
□Member	Address: 3819 Maple Avenue	☐ Member	Address:	
Authorized		☐ Authorized		
Person	Dallas, TX 75219	Person		
Other	Other	Other	<u>.</u>	Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
☐Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:		Name:	
☐Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a cert jurisdiction under the of the translator must 10. This document i	ise an attachment to report more than six (6). To may be added to the index when filing your Florificate of existence, no more than 90 days old, we law of which it is organized. (If the certificate is to be submitted)  s executed in accordance with section 605.020, ment to the Department of State constitutes a th	orida Department of State duly authenticated by the e is in a foreign language.  3 (1) (b). Florida Statutes.	Annual Report official having a translation of  I am aware the	rt form. g custody of records in the of the certificate under oath at any false information
RAN	NASK			
	Signature Nathan B. Schubert, Vice President of CH Realty IX/MF Fort Myers Retreat 0		manager of	_

Typed or printed name of signee

**Delaware** 

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CH REALTY IX/MF FORT MYERS RETREAT

OWNER GP, 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 TWELFTH DAY OF

JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH REALTY IX/MF FORT MYERS RETREAT OWNER GP, L.L.C." WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2022.

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



Jeffray W. Bulliock, Secretary of State

Authentication: 202380944