

5:11 PM  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M 22 000000 7486**

**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.**

(((H22000169691 3)))



H220001696913ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

2022 MAY 12 PM 4:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
 COTTAGES AT CAPITAL CIRCLE FL, LLC**

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

2022 MAY 12 AM 7:56

Electronic Filing Menu

Corporate Filing Menu

Help

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. Cottages at Capital Circle FL, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(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 "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 1776 Peachtree Street, NW
(Street Address of Principal Office)
Suite 100
Atlanta, GA 30309

6. 1776 Peachtree Street, NW
(Mailing Address)
Suite 100
Atlanta, GA 30309

2022 MAY 12 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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
(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.

By: Laura R Broderick Laura R. Broderick, Asst. Secretary
(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:  
 Manager Name: J. Bradford Smith  
 Member Address: 1776 Peachtree Street, NW  
 Authorized Suite 100  
 Person Atlanta, GA 30309  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: Keenan O'Brien  
 Member Address: 1776 Peachtree Street, NW  
 Authorized Suite 100  
 Person Atlanta, GA 30309  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Jeb Brees  
 Member Address: 1776 Peachtree Street, NW  
 Authorized Suite 100  
 Person Atlanta, GA 30309  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Nathan Pramik  
 Member Address: 1776 Peachtree Street, NW  
 Authorized Suite 100  
 Person Atlanta, GA 30309  
 Other \_\_\_\_\_  Other \_\_\_\_\_


Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 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  
J. Bradford Smith  
 \_\_\_\_\_  
 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 "COTTAGES AT CAPITAL CIRCLE 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 ELEVENTH DAY OF MAY, A.D. 2022.

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



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

6755425 8300

SR# 20221913740

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203400205

Date: 05-11-22