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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Foreign Limited Liability Company
NOVA APTS JV LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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S. ROBERTS
MAY 26 2022

COVER LETTER

H22000185759

**TO: Registration Section
Division of Corporations**

SUBJECT: Nova Apts JV LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gwendolyn C. Sutton, Senior Paralegal
Name of Person

Frost Brown Todd LLC
Firm/Company

150 3rd Avenue S, Suite 1900
Address

Nashville, TN 37201
City/State and Zip Code

gsutton@fbtlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Gwendolyn C. Sutton</u>	at (<u>615</u>) <u>743-6757</u>
Name of Contact Person	Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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. Nova Apts JV LLC
(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. Ohio (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. N/A (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine pecuniary liability))

5. 212 East Third Street Suite 300 Cincinnati, OH 45202
6. 212 East Third Street Suite 300 Cincinnati, OH 45202
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Shawn McIntyre
Office Address: 1900 Hickory Street, Stc. B
Melbourne, Florida 32901
(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.

(Registered agent's signature)

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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: NAP Nova Apts LLC

Member Address: 212 East Third Street

Authorized Suite 300

Person Cincinnati, OH 45202

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: URP Nova Apts LLC

Member Address: 212 East Third Street

Authorized Suite 300

Person Cincinnati, OH 45202

Other _____ Other _____

Manager Name: Shawn McIntyre

Member Address: 1900 Hickory Street, Suite B

Authorized Melbourne, FL 32901

Person _____

Other Vice President Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

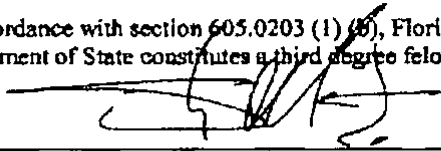
Person _____

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

Shawn McIntyre, Vice President

Typed or printed name of signee

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NOVA APTS JV LLC, an Ohio Limited Liability Company, Registration Number 4871657, was organized in the State of Ohio on May 19, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of May, A.D. 2022.

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202214404228

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