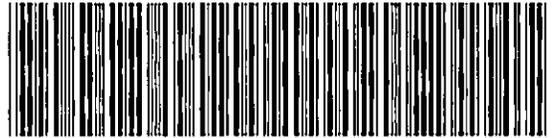


M22000014729



500394516825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. LEMIEUX  
SEP 22 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/21/2022

Acc#120160000072

*eric DW*

|             |               |
|-------------|---------------|
| Name:       | SI HOLDCO LLC |
| Document #: |               |
| Order #:    | 14551575      |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
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| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
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| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 155.00

Thank you!

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. SI HoldCo 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. 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 & 605.0905, F.S. to determine penalty liability)

5. c/o Southern Impression Homes  
(Street Address of Principal Office)

6. c/o Southern Impression Homes  
(Mailing Address)

5711 Richard Street, Suite 1

5711 Richard Street, Suite 1

Jacksonville, FL 32216

Jacksonville, FL 32216

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

FILED  
2022 SEP 21 PM 1:50  
STATE OF FLORIDA

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.

Scott White Scott White Assistant Secretary  
(Registered agent's signature)

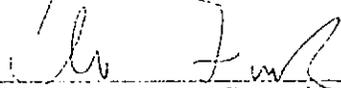
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                     | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>  |
|--|--|--|---|
| <input type="checkbox"/> Manager           | Name: <u>GH Florida, LLC</u>                 | <input type="checkbox"/> Manager           | Name: <u>Funk Rollover HoldCo LLC</u>                           |
| <input checked="" type="checkbox"/> Member | Address: <u>15725 N. Dallas Parkway</u>      | <input checked="" type="checkbox"/> Member | Address: <u>c/o Southern Impression Homes</u>                   |
| <input type="checkbox"/> Authorized Person | <u>Suite 300</u><br><u>Addison, TX 75001</u> | <input type="checkbox"/> Authorized Person | <u>5711 Richard Street, Suite 1</u><br><u>Addison, TX 75001</u> |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Manager           | Name: _____                                  | <input type="checkbox"/> Manager           | Name: _____   |
| <input type="checkbox"/> Member            | Address: _____                               | <input type="checkbox"/> Member            | Address: _____  |
| <input type="checkbox"/> Authorized Person | _____  | <input type="checkbox"/> Authorized Person | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Manager           | Name: _____                                  | <input type="checkbox"/> Manager           | Name: _____   |
| <input type="checkbox"/> Member            | Address: _____                               | <input type="checkbox"/> Member            | Address: _____  |
| <input type="checkbox"/> Authorized Person | _____  | <input type="checkbox"/> Authorized Person | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____       | <input type="checkbox"/> 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

Chris Funk

\_\_\_\_\_  
 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 "SI HOLDCO 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

7033726 8300

SR# 20223558997

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

Authentication: 204424477

Date: 09-19-22