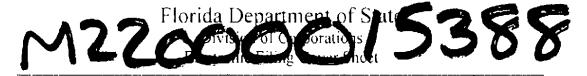
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Division of Corporations



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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:

Foreign Limited Liability Company St Lucie West 2016 Manager LLC

Certificate of Status	U
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2022 OCT - 5 PM 4: 42

PROBLEMS OF STATE

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

IN COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	aine adopted for the purpose of transacting business in El-	onda. The altern	ate name must include "Emurted Embri	ity Company 77 L L C," or "I
Delaware		3.		
thursdiction under the law of w	nich foreign limited liability company is organized)	,1,	if it number,	if applicable)
upon filing				
	(Pate first transacted business in Florida, if prair to (See sections 605 0004 & 605,0005, F.S. to determine	registration ) inc penalty liabili	ny)	<del></del>
21 South St			South St	
ret Address of Principal Office)		n	(Mailing Address)	
Mortistown, NJ 07960		Mo	rristown, NJ 07960	
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acce	ptable)	<b>2022 OCT -</b> 5-EGHERA ALL ARAS
Name:	C T Corporation System			-5 PM
name.	1200 South Pine Island Road		_	97 <b>5</b>
Office Address:				₹ <b>= 5</b>
	Plantation (Cay)	_	33324 , Florida	

to comply with the provisions of all statutes relative to the proper and comple Do so simol and accept the obligations of my position as registered agent.

By.	CT Corporation System	Miller	0, 9
	(Registered agent's signature)	Souder- Zwysek	

Page; 4 of 5 .

8.	For initial indexing purposes, list names, tit	le or capacity	and addresses	of the primary	members/managers	or persons authori:	zed to
ma	nage [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
■Manager	Name: Robert T. Schmitt	_ Manager	Name:	
□Member	Address: 21 South St	□ Member	Address:	
□Authorized	Morristown, NJ 07960	☐ Authorized	<del></del>	
Person		Person		
□Other	Other	□ Other		□Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		T Authorized		
Person		Person		
☐ Other	Other	□ Other		□Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□Member	Address:	·
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	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 translation 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.

/s/ Robert T. Schmitt, Manager Signature of an authorized person			



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

DELAWARE, DO HEREBY CERTIFY "ST LUCIE WEST 2016 MANAGER 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 FIFTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204552937

Date: 10-05-22