7:6/2020

Division of Corporations

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CIDALI	MOOI 622"	 	 	 

## FLORIDA LIMITED LIABILITY CO. THE WATERFRONT TEAM, LLC.

'JUL'0 7 2020

T. SCOTT

Certificate of Status	0
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AKTICLESOFORGA	NIZATION FOR I	FLOREDA L	MUTEDL	IABILITY COS	IPANY <sub>M</sub> *	:	
ARTICLE & Nature: The name of the Limited Liability Comp	any is:	<i>&gt;&gt;</i>	<b>34.</b>	* *	ī	įt .	213
THE WATERFRONT TEAD							_
(Must contain the	words "Limited I	Liability Co	mpany, "I	L.C.," or "Ll	LC.")		
ARTICLE II - Address: The mailing address and street address of	f the principal o	flice of the	Limited 1.	iability Compa	any is:		
Principal Offic	e Address:			Mail	ing Address	j:	
119 WASHINGTON AVE	2		SAME	<u> </u>	<del> </del>		_
MIAMI BEACH, FL 33139				<del></del>			_
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F	serve us its own lorida registratio	Registered n.)	red Agent Agent, Yo	's Signature: on must design	nate an indiv	idual òr	
The name and the Florida street address	of the registered	ragent are:					
<u>ALB</u>	ERT JUSTO			<del></del>	<del></del>		
		Name					
	HUNTING LOD		NOW				
Flor	ida street addres	s (r.O. 80)	1401 900	ерате)			
MIA	MI SPRINGS	Fl.		33166			
	City	State		Zip			

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Albert Qusto
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUH -6 PM 1: 33

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	t .
AMBR	ALBERT JUSTO 230 HUNTING LODGE DR MIAMI SPRINGS, FL 33166
AMBR	MIRCE CURKOSKI 2735 BRICKELL CT MIAMI, FL 33129
to the second se	
(Use attachment if necessary)	(OPTIONAL)
LE V: Effective date, if other tha fective date is listed, the date m of filing.) If the date inserted in this block is	n the date of filing:
LE V: Effective date, if other tha feetive date is listed, the date m of filing.) if the date inserted in this block a ument's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other that feetive date is listed, the date me of filing.)	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE V: Effective date, if other that feetive date is listed, the date in of filing.) If the date inserted in this block aument's effective date on the De LE VI: Other provisions, if any,  REGUIRED SIGNATURE:  Signature This document am aware that	does not meet the applicable statutory filing requirements, this date will not be

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