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Florida Department of State
Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
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From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (786) 899-2235
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cberner@acumenglobal.com

**Foreign Limited Liability Company
The Mile Apartments, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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. The Mile Apartments, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3770742

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0903, F.S. to determine penalty liability)

5. 20803 Biscayne Blvd, Suite 501

(Street Address of Principal Office)

Aventura, FL 33180

6. 20803 Biscayne Blvd, Suite 501

(Mailing Address)

Aventura, FL 33180

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

Name: Carlos Berner

Office Address: 20803 Biscayne Boulevard, Suite 501

Aventura, Florida 33180 (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: Manager **Name and Address:** Name: Acumen Real Estate X, LLC
 Address: 20803 Biscayne Blvd, Suite 501
 Aventura, FL 33180
 Member
 Authorized
 Person
 Other

Title or Capacity: Manager **Name and Address:** Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____

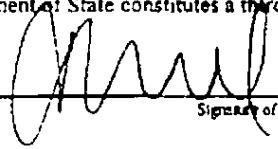
Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____

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 TALLAHASSEE, FLORIDA

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

Carlos Berner

 Typed or printed name of signee

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MILE APARTMENTS, 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 THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE MILE APARTMENTS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, 2019.

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

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SECRETARY OF STATE
ALLIANCE FLORIDA



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

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Date: 12-03-19

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