

2021 MAR -9 PM 4:50

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARIN, ELJAIEK, LOPEZ & MARTINEZ, PL
Account Number : I20030000013
Phone : (305)444-5969
Fax Number : (786)363-1992

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: mq@MELANYSERS.COM

Foreign Limited Liability Company

THREEFOLD OLAS AZULES PROPERTY HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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3/10/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREEFOLD OLAS AZULESPROPERTY HOLDINGS, 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:

Santiago Eljaiek III, Esq.

Name of Person

Mellaw Registered Agents, LLC

Firm/Company

2601 South Bayshore Drive, Suite 1800

Address

Coconut Grove, FL 33133

City/State and Zip Code

mtp@mellawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santiago Eljaiek III

305

444-5969

at

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

SECRET
TALLAHASSEE, FL
DEPT. OF STATE

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FILED

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. Threefold Olas Azules Property Holdings, 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
(State of incorporation or organization of the company)

3. _____
(FBI number, if applicable)

4. March 1st, 2021
(Date first transacted business in Florida. If none, so designated.)
(See sections 605.0904 & 605.0903, F.S., re criminal penalty liability)

5. c/o Mellaw Registered Agents, LLC
(Street Address of Principal Office)
2601 South Bayshore Drive, Suite 1800
Coconut Grove, FL 33133

6. c/o Mellaw Registered Agents, LLC
(Mailing Address)
2601 South Bayshore Drive, Suite 1800
Coconut Grove, FL 33133

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

Name: Mellaw Registered Agents, LLC
Office Address: 2601 South Bayshore Drive, Suite 1800
Coconut Grove, Florida 33133
(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 faithful performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature of Registered Agent)

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SECRETARY OF STATE
TALLAHASSEE, FL

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 checked="" type="checkbox"/> Manager	Name: <u>Threefold Olas Azules, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2601 South Bayshore Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 1800</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Coconut Grove, FL 33133</u>	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 605.02(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.


Santiago Eljaiek III, Manager

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 "THREEFOLD OLAS AZULES PROPERTY HOLDINGS, 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 SECOND DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "~~THREEFOLD OLAS~~ AZULES PROPERTY HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2021.

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

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SECRETARY OF STATE
DELAWARE
FILED

FILED



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SR# 20210766878

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature, likely of the Secretary of State, written in dark ink over a horizontal line.

Authentication: 202629748

Date: 03-02-21