## M21100005916

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## COVER LETTER

Division of Corporations	1 ~ 1				
SUBJECT: /	AJA Real Estate Holdings CCC-				
	Name of Limited Liability Company	<del>-</del>			
The enclosed "Application by Foreign Existence, and check are submitted to	a Limited Liability Company for Authorization to Transact Business in Florida register the above referenced foreign limited liability company to transact bus	i," Certificate o siness in Florid			
Please return all correspondence conc	erning this matter to the following:				
	Max Adams Name of Person	_			
		-			
	The Medilawfirm	_			
	4929 5w 74th CT Address	_			
/	Liami, FL 33155 City State and Zip Code				
<b>,</b>	City State and Zip Code				
Eydyna	The median Firm. Com mail address: (to be used for future annual report notification)	-			
For further information concerning thi	is matter, please call;	;			
Lax x	at (305) 4444 3489  Ontact Person Area Code Daytime Telephone Number	· _ :			
Name of Co	mact Person Area Code Daytime Telephone Number	1			
Mailing Address: Registration Section Division of Corneration	Street Address: Registration Section				
Division of Corporation: P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	ollowing amount.  b: FLORIDA DEPARTMENT OF STATE  \$130.00 Filing Fee &  \$155.00 Filing Fee &  Certificate of Status Certified Copy of Status & Certified Copy				

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

OMPANYTO TRANSACT BU	OS 05:0902, FLORIDA STATE SINESS INTHE STATE OF FLOR ILMA T	RIDA;			
(Name of Foreign I	Limited Liability Complay; must a	nelude "Limited Liability	Company," "L.L.C		<u>C.</u>
funna una citable ence altrenne a	ame adopted for the purpose of fransacti	no business in Chaids. The	le servet a uniter a proper fin	State of the field of the Maria	Separate Sell Later Secretary
,	Olliford			٠, ٥	W.
(Jurisdiction under the law of wh	nich toreign limited liability company is	organized) 3.		(El:I number, if ap	Description of the plant of the
	4-27-	- 2021			
•	(Date first transacted business in F (See sections 605,0904 & 665,090	londa, il prior to registration	) iability)		
4929 Separet Address of Principal Office)	2 74th CT 1	STFL 6.	4929 (Mailing Addre	5w 7	4mcT 1st F
Miami, F	c,33185	-	Mia	mi Fc,	33155
					-
		-	<del></del>		
. Name and <u>street addres.</u>	s of Florida registered agent	; (P.O. Box <u>NOT</u> ac	eceptable)		
Name:	The law	offices of	Luax A	Adams	ESO PLLC
Office Address:	4929 SW	74th CT	-, 1 <sup>st</sup>	Floor.	` <del>,</del>
	<u>Miami</u>	ity)	, Florida	95155 (Zip code)	-
egistered agent's accept		· ·			
esig <mark>nated in this applicat</mark> ocomply with the provision	gistered agent and to accept ion, I hereby accept the appons ons of all statutes relative to of my position as registered	pointment as register the proper and con	red agent and a	gree to act in this	capacity. I further agree
чи иссерсте опаданоns	oj my position as registered	a agent			
	(R:	rgistered 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: □ Manager □Member □ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Mami FL 33155 Person Person □Other\_ Other\_\_\_\_ □Other \_\_\_\_\_ Other\_ □ Manager Name: ∐Manager Name: ☐ Member Address: \_\_\_\_ \_ ☐ Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person ☐Other\_\_\_\_\_ ∐Other\_\_\_\_\_ ∐Other, ∐Other\_\_\_ Manager Name: \_\_\_\_\_ □ Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ Address: □ Authorized □ Authorized Person Person □Other LlOther\_\_\_\_ ∐Other ∐Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 titred degree felony as provided for in s.817.155, F.S. Signature of an authorized person

MAX Adams



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

DELAWARE, DO HEREBY CERTIFY "AJA REAL ESTATE 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "AJA REAL ESTATE HOLDINGS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AJA REAL ESTATE HOLDINGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2018.

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

Authentication: 203069859

Date: 04-27-21