

9/14/21 10:34 AM

Division of Corporations

M210000/2186

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2021 SEP 15 PM 4:23
ALLEN HASSLER, FLORIDA

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

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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
1754 DT Tampa Asset Manager LLC

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

2021 SEP 15 PM 12:56

ALLIANCE FOR FLORIDA

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. 1754 DT Tampa Asset Manager 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. _____
(FBI number, if applicable)

4. _____
(Date first entered business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, P.F. to determine penalty liability)

5. c/o: 1754 Properties
(Street Address of Principal Office)

6. c/o: 1754 Properties
(Mailing Address)

1825 Main Street
Weston, FL 33326

1825 Main St
Weston, FL 33326

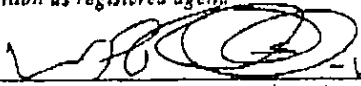
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Agents and Corporations, Inc

Office Address: 539 Fifth Avenue South, Ste 330

Naples, Florida 34102
(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.

 - William Baker - Asst. Sec.
(Registered agent's signature)

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RECORDED & FILED
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA
FILED

FILED
2021 SEP 15 PM 4:23
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

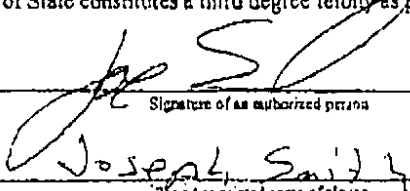
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Joseph Smith</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1825 Main St</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Wesley, FL 33326</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 605.0203 (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
Joseph Smith

 Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1754 DT TAMPA ASSET 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1754 DT TAMPA ASSET MANAGER LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2021.

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

FILED
2021 SEP 15 PM 4:23
TALLAHASSEE, FLORIDA



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

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SR# 20213239911

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

Authentication: 204152899

Date: 09-14-21