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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 : (307)200-2803 Phone Fax Number (855)330-1010

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

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Foreign Limited Liability Company 1500 Bay Road 1068S LLC

Certificate of Status	0
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Estimated Charge	\$125.00

S. FRANKLIN

HelpJUN 1 **5** 2022

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: $_{
m L}$ 1500 Bay Road 1068S LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lubility Company." "L.L.C." or "L.C.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 7901 4th St N STE 300 7901 4th St N STE 300 5. (Street Address of Principal Office) St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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)

Ton Gloven

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:

Advisor University of the primary members/managers or persons authorized to manage [up to six (6) total]:

Name and Address:

Oliving Trucong

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Adrian Hiotis	⊡Manager	Name: Olivia Truong
⊠ Member	Address:	⊠Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702
□Other	Other	□Other	Other
□Manager	Name: Aaron Leung	□Manager	Name:
⊠Member	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	
Person	St. Petersburg FL 33702	Person	022
□Other	Other	□Other	
□Manager	Name: David Doan	□Manager	Name: 22 1-
⊠Member	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	
Person	St. Petersburg FL 33702	Person	
□Other	Other	□Other	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.

Margan Potte	
Signature of an authorized person	
Morgan Noble	
Typed or printed name of signee	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "1500 BAY ROAD 1068S 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 JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1500 BAY ROAD 1068S LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2022.

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

2022 JUN 14 PM 2: 40



Jeffrey W. Bulbock, Secretary of State

Authentication: 203675228