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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: ML Flagler Holdings LLC Name of Limited Liability Gompany | | | | |
| 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: | | | | |
| Dev Motwani | | | | |
| Name of Person | | | | |
| ML Flagler Holdings LLC Firm/Company | | | | |
| 17 NE 4th Street | | | | |
| Address | | | | |
| For the Lander dale FL 33301 City/State and Zip Code Dale De mervi mac ventures com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | | |
| City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Diego Gomez at 786 S15-4969 Name of Contact Person Area Code Daytime Telephone Number | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE [X] \$125.00 Filing Fee | | | | |

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

| IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. HL Flagler Holdings LI (Name of Foreign Limited Liability Company; must include "Limited I | Ciability Company," "L.L.C.," or "LLC.") |
| | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori 2. (Jurisdiction under the law of which foreign limited liability company is organized) | 3. PEI number, if applicable) |
| 4. Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine | gistration.) penalty liability) |
| 5. 17 NE 4th Street (Street Address of Principal Office) | 6. 17 NE 4th Street 19 |
| Fort Lauderdale, FL 33301 | _ Gort Lauderdale: Ft 33301 |
| 7. Name and street address of Florida registered agent: (P.O. Box 1 | NOT acceptable) |
| Name: Dale Reed | |
| Office Address: 17 NE 4th Sty. | eet |
| Fort Lauderdale | , Florida 3330) (Zip code) |
| Registered agent's acceptance: Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper at and accept the obligations of my position as registered agent. | registered agent and agree to act in this capacity. I further agree |
| (Registered agent's sig | nature) |

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]:

| manage [up to six (| 5) total]: | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
| Manager | Name: Dev Motwayı | Manager | Name: Nitin Hotwani |
| □Member | Address: 17 NE 4th St | □Member | Address: 17 NE 4th St |
| □Authorized | Fort Laudardale, FL 33301 | □Authorized | Fort Lauderdale, FL 3330 |
| Person | | Person | |
| □Other | Other | Other | Other |
| □Manager | Name: | | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | 23 APR |
| Person | | Person | R 20 |
| Other | Other | Other | Ôther |
| | | | 12 8 22 C |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | Other |
| 9. Attached is a cert jurisdiction under th of the translator must 10. This document i | Ise an attachment to report more than six (6). The may be added to the index when filing your Flori ificate of existence, no more than 90 days old, due law of which it is organized. (If the certificate is the submitted) is executed in accordance with section 605.0203 (ment to the Department of State constitutes a third | ida Department of State ly authenticated by the is in a foreign language (1) (b), Florida Statutes | Annual Report form. official having custody of records in the , a translation of the certificate under oath I am aware that any false information |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ML FLAGLER 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 SIXTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ML FLAGLER HOLDINGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.





Authentication: 203096610

Date: 04-06-23

6242611 8300 SR# 20231141300



March 18, 2023

DEV MOTWANI 17 NE 4TH STREET FORT LAUDERDALE, FL 33301 US

SUBJECT: ML FLAGLER HOLDINGS LLC

Ref. Number: W23000037228

We have received your document for ML FLAGLER HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 523A00006310

