

7/27/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

**Foreign Limited Liability Company
200 I.H., LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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2021 JUL 27 PM 4:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

21 JUL 27 PM 12:42

FILED

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**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. 200 I.H., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1201 19TH PLACE 6. SAME
(Street Address of Principal Office) (Mailing Address)
SUITE A-400
VERO BEACH, FL 32960 US

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

Name: DAVID LYONS
Office Address: 1201 19TH PLACE, SUITE A-400
VERO BEACH, Florida 32960
(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.

/s/ David Lyons
(Registered agent's signature)

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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:**
☐ Manager Name: CHARLES CROOM
☒ Member Address: 1201 19TH PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: NED SHERWOOD
☒ Member Address: 1201 19TH PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ Other ☐ Other

☐ Manager Name: DAVID LYONS
☒ Member Address: 1201 19TH PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ Other ☐ Other

☐ Manager Name: EMILY LAYZER
☒ Member Address: 1201 19TH PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ Other ☐ Other

**SOUTH DAKOTA TRUST COMPANY AS
trustee for MRMP MANAGERS TRUST**

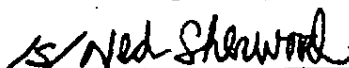
☐ Manager Name: _____
☒ Member Address: 1201 19th PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ Other ☐ Other

☐ Manager Name: AMHUFF LLC
☒ Member Address: 1201 19TH PLACE
☐ Authorized SUITE A-400
Person VERO BEACH, FL 32960
☐ 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.



Signature of an authorized person

NED SHERWOOD

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "200 I.E., 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 JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "200 I.E., LLC"
WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2021.

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



6111790 8300

SR# 20212812591

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203771928

Date: 07-27-21

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