

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# F24000004788

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To:

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

From:

Account Name : JONES FOSTER P.A.  
Account Number : 076077003231  
Phone : (561)650-0471  
Fax Number : (561)650-5300

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

Email Address: JFService@jonesfooster.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Ironside Property Investments 1 Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$87.50 |

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ironside Property Investments I Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jordan Johansen

Name of Person

Jones Foster P.A.

Firm/Company

505 S Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip code

JFService@jonesfoster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Johansen

Name of Person

at ( 561 )

Area Code

650-0432

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

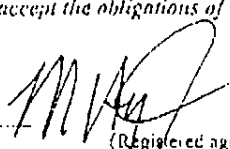
☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ironside Property Investments I Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 84-4705003  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/05/2020 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7804 Cocobay Court, Naples, FL 34108  
(Principal office street address)  
7804 Cocobay Court, Naples, FL 34108  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Jones Foster Service, LLC  
Office Address: 505 S Flagler Drive, Suite 1100  
West Palm Beach, Florida 33401  
(City) (Zip code)
9. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation 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)  
Mark H. Dulibier, Manager
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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## A. DIRECTORS

|                                               |                                      |                                         |                                      |
|-----------------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>Gideon Trope</u>            | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>7804 Cocobay Court</u>   | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | <u>Naples, FL 34108</u>              | <input type="checkbox"/> Director       | _____                                |
| <input checked="" type="checkbox"/> President | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|                                         |                                      |                                         |                                      |
|-----------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|                                         |                                      |                                         |                                      |
|-----------------------------------------|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <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.

12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

13. \_\_\_\_\_  
Gideon Trope, President  
(Typed or printed name and capacity of person signing application)

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IRONSIDE PROPERTY INVESTMENTS 1 INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRONSIDE PROPERTY INVESTMENTS 1 INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020.

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



7836198 8300

SR# 20243605842

You may verify this certificate online at [corp.delaware.gov/zutterver.shtml](http://corp.delaware.gov/zutterver.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.

Authentication: 204317274

Date: 09-05-24

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