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Office Use Only



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11/14/23--31013--065 **55.08

OFFICE LEASE

by and between

Waterford CORE Operating LP, a Delaware limited partnership

("Landlord")

and

INTERNATIONAL REINSURANCE MANAGERS, LLC, a Florida limited liability company

("Tenant")

Dated as of

October 17 , 2022

OFFICE LEASE

THIS OFFICE LEASE (this "Lease") is made between Waterford CORE Operating LP, a Delaware limited partnership ("Landlord"), and the Tenant described in *Item 1* of the Basic Lease Provisions.

LEASE OF PREMISES

Landlord hereby leases to Tenant and Tenant hereby leases from Landlord, subject to all of the terms and conditions set forth herein, those certain premises (the "Premises") described in *Item 3* of the Basic Lease Provisions and as shown in the drawing attached hereto as *Exhibit A-1*. The Premises are located in the Building described in *Item 2* of the Basic Lease Provisions. The Building is located on that certain land (the "Land") more particularly described on *Exhibit A-2* attached hereto, which is also improved with landscaping, parking facilities and other improvements, fixtures and common areas and appurtenances now or hereafter placed, constructed or erected on the Land (sometimes referred to herein as the "Project").

BASIC LEASE PROVISIONS

1. Tenant: INTERNATIONAL REINSURANCE MANAGERS, LLC, a

Florida limited liability company ("Tenant")

2. Building: . 800 Waterford located at 800 N.W. 62nd Avenue (Waterford Way).

Miami, Florida 33126

3. Description of Premises: Suite 550

Rentable Area: Stipulated and agreed to be 3,836 square feet for all purposes under

this Lease.

Tenant's Signage: Tenant may have interior signs on doors and the directory tablet

pursuant to Paragraph 3 of Exhibit C attached hereto. (See Exhibit C)

Building Size: 246.035 square feet (subject to Paragraph 18)

4. Tenant's Proportionate Share: 1.5588% (3,836 rsf/246,085 rsf) (See Paragraph 3)

5. Base Rent: (See Paragraph 2)

Months 1 to 4, inclusive: \$0.00 (\$0.00/square foot of Rentable Area/annum)*

Monthly Installment: \$0.00*

Each Lease Year: *plus applicable sales and use tax thereon

Months 5 to 12, inclusive: \$76,720.00 (\$30.00/square foot of Rentable Area/annum)*

Monthly Installment: \$9,590.00*

Each Lease Year: *plus applicable sales and use tax thereon

Months 13 to 24, inclusive: \$118,532.40 (\$30.90/square foot of Rentable Area/annum)*

Monthly Installment: \$9,877.7

Each Lease Year: *plus applicable sales and use tax thereon

Months 25 to 36, inclusive: \$122,099.88 (\$31.83/square foot of Rentable Area/annum)*

Monthly Installment: \$10,174.99*

Each Lease Year: *plus applicable sales and use tax thereon

Months 37 to 48, inclusive: \$125,744.08 (\$32.78/square foot of Rentable Area/annum)*

Monthly Installment: \$10,478.67*

*plus applicable sales and use tax thereon

Each Lease Year:

Months 49 to 60, inclusive:

Monthly Installment:

Each Lease Year:

Months 61 to 64, inclusive:

Monthly Installment:

Each Lease Year: Installment Pavable

Upon Execution:

\$129,541.72 (\$33.77/square foot of Rentable Area/annum)*

\$10,795.14*

*plus applicable sales and use tax thereon

\$44,472.04 (\$34.78/square foot of Rentable Area/annum)*

\$11,118.01*

*plus applicable sales and use tax thereon

\$13,617.80*

*plus applicable sales and use tax thereon

6. Security Deposit
Payable Upon Execution:

Tenant is currently bound by that certain Office Lease dated September 19, 2011 (the "1000 Lease") pursuant to which Tenant leases Suite 190 of that certain building located at 1000 N.W. 57th Court, Miami, Florida 33126 from 1000 WATERFORD OPERATING LP, a Delaware limited partnership (the "1000 Landlord"). Landlord and 1000 Landlord will enter into an agreement pursuant to which 1000 Landlord transfers to Landlord the \$56,009.15 security deposit held by 1000 Landlord as a security deposit under the 1000 Lease. Promptly following such transfer. (i) Landlord will refund to Tenant \$20,504.22 of Tenant's \$56,009.15 security deposit under the 1000 Lease, (ii) upon such refund Landlord shall hold \$35,504.93 as Tenant's Security Deposit under this Lease and (iii) 1000 Landlord shall automatically be released by Tenant from any and all obligations concerning its \$56,009.15 security deposit under the 1000 Lease. (See Paragraph 2(c))

7. Initial Estimated Amount of Tenant's Proportionate Share of Operating

Expenses for the Project:

Estimated to be \$4,027.80 plus applicable sales tax per month for the remainder of the first calendar year of the Initial Term (based on a rate of \$12.60 per square foot per annum), payable in advance, subject to periodic adjustments. Notwithstanding the foregoing, Tenant's Proportionate Share of Operating Expenses for months 1 through 4 of the first Lease Year are abated.] (See Paragraph 3)

8. Initial Term:

Commencement Date and ending on the last day of month that is Sixty-Four (64) months after the Commencement Date (See

Paragraph 1)

9. Commencement Date:

April 1, 2023

10. Termination Date:

July 31, 2028

11. Broker(s) (See Paragraph 19(k)):

Landlord's Broker:

Blanca Commercial Real Estate

1450 Brickell Avenue

Suite 2060 Miami, FL 33131

Tenant's Broker:

Stone Miller Miami LLC

12. Number of Parking Spaces:

The right but not the obligation to use up to fifteen (15) unreserved parking spaces (the "Allotted Spaces") throughout the Initial Term,

at no charge, in the Building garage and any parking lot primarily serving the Building, and Tenant will receive parking cards for such fifteen (15) spaces. Within those Allotted spaces, Tenant shall have the right but not the obligation during the Lease Term or any Renewal term to lease two (2) reserved parking spaces at prevailing parking rates (currently \$75.00 per space per month) Tenant shall also have the right to use additional unreserved parking spaces, as determined available by Landlord, first come first served, on a month-to-month basis throughout the Initial Term. Tenant shall discontinue the use of such month-to-month spaces as Landlord shall require within thirty (30) days after receiving Landlord's notice to Tenant that it discontinues such use. (see Paragraph 18)

13.	Addresses	for	Notices:

To: TENANT: To: LANDLORD:

ATTN: Ms. June Chen Project Management Office:
President and CEO Cushman & Wakefield
International Reinsurance 703 Waterford Way, Suite 350
Managers, LLC Miami, FL 33126

1000 N.W. 57th Ct. Ste. 190, Attention: Property Manager –800 Waterford

Miami, FL 33126

Ph: 305.507.8679 Ext. 1026 | Email: junc@irmre.com

With a copy to: With a copy to:

Mrs. Clara Martell

Director of Administration
International Reinsurance

Nuveen Real Estate

501 Brickell Key Drive, Suite 504

Miami, FL 33131

Managers, LLC Attention: Real Estate Asset Manager – Waterford, Miami FL At the Premises

And to

Holland & Knight LLP 515 East Las Olas Boulevard Suite 1200 Ft. Lauderdale, Florida 33301 Attn: Irwin J. Fayne, Esq.

14. Address for Payment of Rent: All payments payable under this Lease shall be sent to Landlord at:

Waterford Core Operating LP Lockbox 744290 6000 Feldwood Road College Park, GA 30349

or to such other address as Landlord may designate in writing.

15. Guarantor: none

16. Effective Date: October 17 , 2022

SIGNATURE PAGE TO OFFICE LEASE BY AND BETWEEN WATERFORD CORE OPERATING LP, AS LANDLORD, AND INTERNATIONAL REINSURANCE MANAGERS, LLC, AS TENANT

In consideration of Landlord's willingness to negotiate the transaction contemplated by this Lease, Tenant agrees that its offer to lease created by Tenant signing and delivery of this Lease to Landlord shall be irrevocable for a period of ten (10) days following Landlord's receipt of such offer.

" <u>TENANT</u> ":
INTERNATIONAL REINSURANCE MANAGERS, LLC, a 46 to tide limited liability company
By: June (lun Name: President & CEO Date: 10/5/2022
Name:
Title: President & CEO
Date: 10/5/2022
"LANDLORD":
Waterford CORE Operating LP, a Delaware limited partnership
By: Waterford Core General Partner LLC, its general partner, by Waterford Blue Lagoon LP, its sole member, by T-C Waterford Blue Lagoon
General Partner LLC, its general partner —Docusigned by:
By: Charles Russo
By: Chardenesso
Name: Title: Senior Director - Authorized Signer
Title: Sentor Director - Authorized Signer
Date: October 17, 2022

*NOTE:

If Tenant is a corporation, then one of the following alternative requirements must be satisfied:

- (i) This Lease must be signed by either the president or a vice president.
- (ii) If this Lease is not signed by either the president or a vice president, then Tenant shall deliver to Landlord a certified copy of a corporate resolution in a form reasonably acceptable to Landlord authorizing the signatory to execute this Lease.

Florida DRIVER LICENSE

. . . .

C500-420-60-841-0

CHEN

JUNE

ABASO SW 112TH STT.

40 ES 11/19/2020

The State of Florida retains all property rights herein 002 160 Rev 03/01/2020





CLASS E - Any non-commercial vehi with 4 GVWR < 26 001 lbs or any RV REST, A-Cort Lenses

END: Norw

REPLACEMENT LICENSE REGURED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE, WWW.FLHSARV.GOV

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	International Reinsurance Manager	rs, LLC	
SUBJECT.	Name of Limited Liability Company		
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning the	his matter to 1	he following:
June Chen			
	Name of Person		
International	Reinsurance Managers, LLC		
	Firm/Company		
800 NW 62n	d Avenue, Suite 550		
	Address	· · · · · · · · · · · · · · · · · · ·	
Miami, FL 3	33126		
	City/State and Zip Code		
june@irmre.c			
E-mail	address: (to be used for future an	inual report no	otification)
For further i	nformation concerning this matte	r, please call:	
Clara Martel		305 at (507-8679 Ext. 1041
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the followin	g amount:	
□ s	25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1-	1)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	une of the limited liability company: 800 NW 62NAAVE		800 NW 62nd AVE	
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	miami FL 33126	 , 	Suila 550 Miami FL 33126	
	December 1, 2005	L	05000114966	
3.5. (a)	Date of filing/registration in Florida June Chen	4.	Document number	
J. (,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1000 NW 57th Court			
	Registered Office Address	DDRESS)		
	Miami, FL_	33126		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Mfice address		
	NEW Registered Office Address: 800 NW 62nd AVE	Suite	<u> </u>	
	Miami , FL	33126		
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rezill be identical. Or, in the case of a Florida limited liability to the earthorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered of oility compa the limited	Tice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
provisie the obli to mere	y accept the appointment as registered agent and agrec ons of all statutes relative to the proper and complete po igations of my position as registered agent as provided of Iv reflect a change in the registered office address, I he I'm writing of this change.	e to act in the erformance for in Chap treby confiri	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been	

<u>Division of Corporations</u> P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent-

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	International Reinsurance	Managers, LLC			
JUDUL		Name of Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Regis	tered Office Change ar	nd fee(s) are submitted for filing.		
Please	return all correspondence conc	erning this matter to th	e following:		
June Ch					
	Name of Pers	son			
Interna	tional Reinsurance Managers, LL	С			
	Firm/Compai	пу			
800 NV	V 62nd Avenue, Suite 550				
	Address		<u> </u>		
Miami	, FL 33126				
	City/State and Zi	p Code			
june@ir	rimre.com				
E	-mail address: (to be used for f	uture annual report no	tification)		
For fur	ther information concerning th	is matter, please call:			
Clara N	Martell	305 at (507-8679 Ext. 1041		
	Name of Person	u(Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the f	following amount:			
	□ \$25 Filing Fee	7	\$55 Filing Fee & Certified Copy		
INHSIS	3 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company:	surance l	Managers, LLC
2. (a)	800 NW 62nd Ave	(b	800 NW 62nd AVE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 550		Suita 550
	miami Fl 33126	- -	Miamie FL 33126
	December 1, 2005		L05000114966
3. 5. (a)	Date of filing/registration in Florida June Chen	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records of the 1000 NW 57th Court	e Florida	Dept. of State:
	Registered Office Address Suite 190	ODRESS)	
	Miami , FL	33126	
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered C	ffice add	ress:
	NEW Registered Office Address:		
	800 NW 62nd AVE	Sui	<u>te 550</u>
	Miami, FL_	33126	
agent w	mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liability.	egistered ility con the limit	l office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signate	are of a member or authorized representative of a member	_	Printed or typed name of signee
the oblig to merei	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided for reflect a change in the registered office address, I have in writing of this change.	to act in information Cl reby con	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signature	e of Registered Agent		
	Division of Corporations • P.O. Bo	x 6327•	Tallahassee, FL 32314

FILING FEE: \$25.00