

M19000001071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800324080828

FILED
2019 JAN 30 PM 4:24
TOLSON
U.S. DEPARTMENT OF JUSTICE

RECEIVED
19 JAN 30 PM 1:50
U.S. DEPARTMENT OF JUSTICE
DIVISION OF CORPORATE FINANCE
TOLSON

M. MILLIGAN

JAN 30 2019

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 1/30/19

NAME: SOBENY PARTNERS LLC

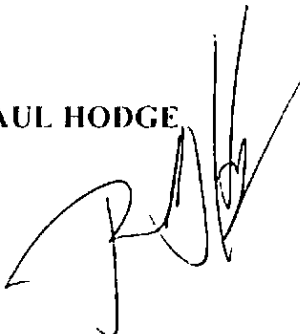
TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'Abbie/Paul Hodge', is written over the authorization text. The signature is stylized with a large 'A' and 'P'.

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. SOBENY PARTNERS 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

(Jurisdiction under the law of which foreign limited liability company is organized)

82-3038353

3.

(FEI number, if applicable)

UPON QUALIFICATION

4.

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

1200 OCEAN DR.

5.

(Street Address of Principal Office)

1200 OCEAN DR.

6.

(Mailing Address)

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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

Name:

JIMMY CHATMON

Office Address:

1200 OCEAN DR.

MIAMI BEACH

(City)

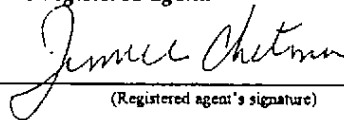
, Florida

33139

(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.



(Registered agent's signature)

FILED
2019 JAN 30 PM 4:24
CLERK OF DISTRICT COURT
MIAMI BEACH, FLORIDA

FILED

2019 JAN 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EBOL HOLDINGS LLC

☒ Member Address: 16 VERONICA LANE

☐ Authorized FALMOUTH, ME 04105

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: THA HOLDINGS LLC

☒ Member Address: 1200 OCEAN DR.

☐ Authorized MIAMI BEACH, FL 33139

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: JLC3 LLC

☒ Member Address: 1200 OCEAN DR.

☐ Authorized MIAMI BEACH, FL 33139

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Fortis Automotive Group LLC

☒ Member Address: 111 BRICKELL AVE

☐ Authorized MIAMI BEACH, FL 33129

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

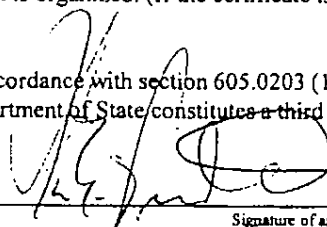
Person _____

☐ 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

LANE FERDINAND

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOBENY PARTNERS 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-EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOBENY PARTNERS LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2017.



Jeffrey W. Bullock, Secretary of State

6573640 8300

SR# 20190532906

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

Authentication: 202156783

Date: 01-28-19