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Certified Copies	Certificates of	Status
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K SALY MAR 1 9 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 688641 118429A		
AUTHORIZATION: Spelle Reas		
COST LIMIT : \$ 125-00		
ORDER DATE: March 18, 2019		
ORDER TIME : 2:19 PM		
ORDER NO. : 688641-005		
CUSTOMER NO: 118429A		
FOREIGN FILINGS		
NAME: FORTEZZA FAMILY PROPERTIES, LLC		
XXXX QUALIFICATION (TYPE: <u>LL</u> )		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Emily Croft EXT# 62925		

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY

COMPANT TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FORTEZZA FAMILY PROPERTIES, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC,") for the purpose of transming business in Florids. The abstracts atoms stort include "Unried Liability Company," "L.L.C," or "LL.C,") DELAWARE 46-5451630 moder the law of which for 5. 760 NW 107 Avenue, Suite 300 SAME (Street Address of Prescipal Office) Miami, FL 33172 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Steven M. Lee Name: Office Address: 1200 SW 2 Avenue Miami , Florida 33130 (Ciry) 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager JMM Capital Management, LLC- 760 NW 107 Ave. #300 Mjami, FL 33172 (Use attachments if necessary) 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 tight degree felony as provided for in s.817.155, F.S. Joseph Marocco

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FORTEZZA FAMILY PROPERTIES, 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 EIGHTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORTEZZA FAMILY PROPERTIES, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2014.

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

FILED

19 HAR 18 PH ID 17

SECHELANASSEE, FLORIDA



Authentication: 202464280

Date: 03-18-19

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