

JUN 6 2019 2:02PM

Division of Corporations

NO. 8728 P. 1

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407) 425-7010  
Fax Number : (407) 425-2747

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

Email Address: corporate@zkslawfirm.com

Foreign Limited Liability Company  
TRE AMICI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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JUN. 6 2019 2:22PM

NO. 3728 P. 2

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRE AMICI, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

N. DWAYNE GRAY, JR., ESQUIRE

\_\_\_\_\_  
Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

\_\_\_\_\_  
Firm/Company

315 E. ROBINSON STREET, SUITE 600

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32801

\_\_\_\_\_  
City/State and Zip Code

corporate@zkslawfirm.com

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

For further information concerning this matter, please call:

N. DWAYNE GRAY, JR., ESQUIRE

407

425-7010

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# 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. TRE AMICI, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")  
TRE AMICI JWR, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1940009  
(FEI 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. 315 E. ROBINSON STREET  
(Street Address of Principal Office)  
SUITE 600  
ORLANDO, FLORIDA 32801
6. 315 E. ROBINSON STREET  
(Mailing Address)  
SUITE 600  
ORLANDO, FLORIDA 32801

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

Name: N. DWAYNE GRAY, JR., ESQUIRE  
Office Address: 315 E. ROBINSON STREET, STE 600  
ORLANDO, Florida 32801  
(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.

N. Dwayne Gray, Jr.  
(Registered agent's signature)

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:
MGR	James Rappaport 315 E. Robinson St. Ste 600 Orlando, Florida 32801		

(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 third degree felony as provided for in s.817.155, F.S.

JAMES RAPPAPORT  
(Signature of an authorized person)  
JAMES RAPPAPORT  
(Typed or printed name of signer)

# Delaware

The First State

Page 1

I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRE AMICI, 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 FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRE AMICI, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

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

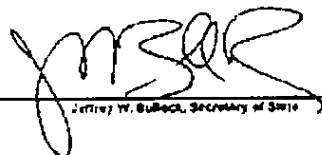
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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Hullock, Secretary of State

Authentication: 202967637

Date: 06-05-19