

M 1900000 5594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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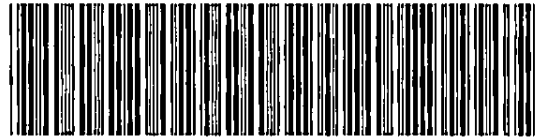
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Z BROWN

JUN 07 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HUMANI COURTS 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:

ANTONY GIRONTA

Name of Person

Firm/Company

16389 BRIDLEWOOD CIRCLE

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA COSCULLUELA, ESQ.

305

405-4444

at (_____) _____

Name of Contact Person

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. HUMANI COURTS 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)

3. APPLIED FOR

(FEI number, if applicable)

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

5. 16389 BRIDLEWOOD CIRCLE

(Street Address of Principal Office)

DELRAY BEACH, FL 33445

16389 BRIDLEWOOD CIRCLE

6. (Mailing Address)

DELRAY BEACH, FL 33445

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

Name: ANTONY GIRONTA

Office Address: 16389 BRIDLEWOOD CIRCLE

DELRAY BEACH

(City)

33445

, Florida

(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)

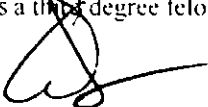
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: ANTONY GIRONTA
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: 16389 BRIDLEWOOD CIR
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	DELRAY BEACH, FL. 33445
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

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

ANTONY GIRONTA

Typed or printed name of signer

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:37 PM 05/14/2019
FILED 03:37 PM 05/14/2019
SR 20193887526 - File Number 7418686

**STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
HUMANI COURTS LLC**

The undersigned, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Title 6, Chapter 18, et seq. Delaware Code, as amended, hereby makes, acknowledges, and files the following Certificate of Formation.

ARTICLE I

The name of the limited liability company (the "Company") shall be:

HUMANI COURTS LLC

ARTICLE II

The street address of its registered office in the State of Delaware is **3500 S. DuPont Highway, Dover, Delaware 19901** and the name of its Registered Agent at such address is **Incorporating Services, Ltd.**

ARTICLE III

The Company's existence shall be perpetual.

ARTICLE IV

The manager(s) and the member(s) shall not be personally liable for the debts, obligations, or liabilities of the Company.

ARTICLE V

The Company shall be manager-managed.
The Manager of the Company shall be **Antony Gironta**.

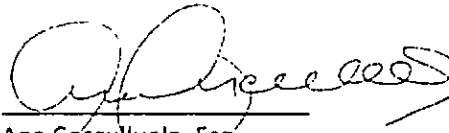
ARTICLE VI

The power to amend, alter or repeal these Articles of Organization shall as set forth in the Operating Agreement of the Company.

ARTICLE VII

The Company has the authority and shall issue Certificates of Membership to each member evidencing that member's interest in the Company.

THE UNDERSIGNED has executed this Certificate of Formation of **HUMANI COURTS LLC** to be signed this 4 day of May, 2019.



Ana Cosculluela, Esq.
Authorized Representative

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANI COURTS 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 TWENTIETH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUMANI COURTS LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

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



7418686 8300

SR# 20194133107

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202855582

Date: 05-20-19

Sean

FLORIDA DEPARTMENT OF STATE

№ 005682

Date: 5-24-19

RECEIVED FROM: Anthony Girgenti

the sum of ~~One hundred ten~~ - five Dollars \$ 105.00

For the following: Selling Fee / Cert

Mark A. Briggs
for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.