

Division of Corporations

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Florida Department of State

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KATZ BARRON  
Account Number : 072627002473  
Phone : (305) 856-2444  
Fax Number : (305) 560-2508

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

Email Address: hlf@katzbarron.com

**Foreign Limited Liability Company  
Mitchell Property Investments (Delaware) LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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# HLF 13075.024

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H190003336403

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. MITCHELL PROPERTY INVESTMENTS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

MITCHELL PROPERTY INVESTMENTS (DELAWARE), 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 "L.L.C.")

2. DELAWARE

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

3.

(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)

1605 Main Street

5.

(Street Address of Principal Office)

Suite #905

Sarasota, FL 34236

1605 Main Street

6.

(Mailing Address)

Suite #905

Sarasota, FL 34236

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

Name:

Corporation Service Company

Office Address:

1201 Ways Street

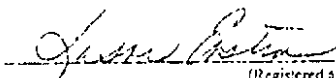
Tallahassee

(City)

, Florida 32301-2525

(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)

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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 checked="" type="checkbox"/> Manager | Name: Mitchell Equity Investments, L.P. | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 1605 Main Street               | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Suite #905                              | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | Sarasota, FL 34235                      | 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

Howard L. Friedberg, Esq.

\_\_\_\_\_  
Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MITCHELL PROPERTY INVESTMENTS, 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 EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MITCHELL PROPERTY INVESTMENTS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2001.

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

2019 OCT 15 PM 4:41  
DELAWARE SECRETARY OF STATE



3403997 8300

SR# 20197444761

you may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

JEFFREY W. BULLOCK, Secretary of State

Authentication: 203750891

Date: 10-08-19

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