

12/19/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Makai Corporate Center, LLC**

Certificate of Status	0
Certified Copy	1
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**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. MAKAI CORPORATE CENTER, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 84-4037303  
(FBI 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. 12008 South Shore Blvd, Suite 201  
(Street Address of Principal Office)

6. 12008 South Shore Blvd, Suite 201  
(Mailing Address)

Wellington FL 33414

Wellington, FL 33414

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: Michael Seraphin Michael Seraphin Asst. Secretary  
(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 checked="" type="checkbox"/> Manager	Name:	<u>Kimberly Dey</u>	<input type="checkbox"/> Manager	Name:	_____
<input checked="" type="checkbox"/> Member	Address:	<u>4600 Garden Point Trail</u>	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		<u>Wellington, FL 33414</u>	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input checked="" type="checkbox"/> Manager	Name:	<u>Michael Menchise</u>	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	<u>12008 South Shore Blvd</u>	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		<u>Suite 201, Wellington</u>	<input type="checkbox"/> Authorized		_____
Person		<u>Florida 33414</u>	Person		_____
<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		_____

**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  
Michael J. Menchise  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAKAI CORPORATE CENTER, 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 NINETEENTH DAY OF DECEMBER, A.D. 2019.

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

2019 DEC 20 PM 4:46  
TALLAHASSEE, FLORIDA



7754305 8300

SR# 20198768771

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204264302

Date: 12-19-19