

MA0000000350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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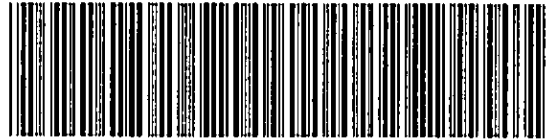
(Business Entity Name)

(Document Number)

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2019 DEC -9 PM 3:08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 09 2020
T. LEVINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dufkop Development 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:

Pierre Dufour
Name of Person

Dufkop Development LLC
Firm/Company

150 East Palmetto Park Road - Suite #800
Address

Boca Raton, Florida 33432
City/State and Zip Code

pierredufour8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Dufour at (561) 465-7536
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. Dufkop Development 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 3. 84-3830314
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 150 East Palmetto Park Road - Ste #800 6. 150 East Palmetto Park Road - Ste #800
(Street Address of Principal Office) (Mailing Address)

Boca Raton FL 33432

Boca Raton FL 33432

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

Name: Pierre Dufour

Office Address: 800 South Ocean Boulevard, Unit 505

Boca Raton . Florida 33432
(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.

Pierre Dufour
(Registered agent's signature)

FILED
2013 DEC -9 PM 3:08
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager Name: <u>Carlos Kopecny</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>1519 SE 7th Court</u> <u>Deerfield Beach, FL 33441</u></p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: <u>Pierre Dufour</u></p> <p><input type="checkbox"/> Member Address: <u>800 S Ocean Blvd, Unit 505</u> <u>Boca Raton, FL 33432</u></p> <p><input checked="" type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>Maude Holdings, LLC</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>150 E Palmetto Park Rd #800</u> <u>Boca Raton, FL 33432</u></p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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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

Pierre Dufour
Typed or printed name of signee


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "DUFKOP DEVELOPMENT
LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF OCTOBER,
A.D. 2019, AT 1:29 O'CLOCK P.M.




Jeffrey W. Bullock Secretary of State

7670478 8100
SR# 20197716877

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

Authentication: 203861306
Date: 10-24-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:29 PM 10/24/2019
FILED 01:29 PM 10/24/2019
SR 20197716877 - File Number 7670478

STATE OF DELAWARE

LIMITED LIABILITY COMPANY

CERTIFICATE OF FORMATION

OF

DUFKOP DEVELOPMENT LLC

This Certificate of Formation of Dufkop Development LLC (the "Company") is being duly executed and filed by the undersigned to form a limited liability company under Section 18-201 of the Delaware Limited Liability Company Act. The undersigned does hereby certify as follows:

FIRST: The name of the Company formed hereby is:

Dufkop Development LLC

SECOND: The address of its registered office in the State of Delaware is: 251 Little Falls Drive, Wilmington, Delaware 19808, County of New Castle. The name of its registered agent at that address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of this 24th day of October, 2019.

/s/ Carol E. Buckalew
Name: Carol E. Buckalew
Title: Organizer