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COVER LETTER

Registration Section

TO:

Division	of Corporations				
SUBJECT:	Palm Breeze Point LLC				
	Name of Limited Liability Company				
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all co	orrespondence concerning this matter to the following:				
_	Tracey L. Maier				
	Name of Person				
Williams Coulson					
	Firm/Company				
-	420 Ft. Duquesne Blvd., 16th Fl.	Person Table Code Ture annual report notification) 412			
	Address				
-	Pittsburgh, PA 15222				
	City/State and Zip Code				
	tmaier@williamscoulson.com				
	E-mail address: (to be used for future annual report notification)				
For further informa	ation concerning this matter, please call:				
T:	racey L. Maier at (412) 454-0236				
	Name of Contact Person Area Code Daytime Telephone Number				
Division	Registration Section n of Corporations Division of Corporations				
P.O. Bo Tallahas	x 6327 The Centre of Tallahassee ssee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please ma	is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE 10 Filing Fee \$\mathbb{K}\$ \$130.00 Filing Fee &				

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:

Palm Bre	eze Point LLC m Limited Liability Company; must include "Limite.	d Liability Com	any ""L.I.C." pr "I	I.C.'')			
(Name of Folery	a Estates Enougy Company, mass arounds Same	a 15141511115 COMP	.a.i.y, 2.2.0., ui 2	,,			
(If name unavailable, enter alternat	name adopted for the purpose of transacting business in Fl	orida. The alternati	a name must include "Li	mited Liability	Company	," "L.L.C," or "LLC.")	
2. Delaware	s which foreign limited liability company is organized)	3	84-233732	5 El number, if s	(fanalisahla)		
(Jurisdiction limiter the law of	when foreign innied fability company is organized)		lt.	er namber, iv s	ipprication		
4	(Date first transacted business in Florida, if prior to	registration.)			_		
	(See sections 605,0904 & 605,0905, F.S. to determine	ine penalty liability	·)				
5. Suite 1410, 30 (Street Address of Principal Office	N. Market St.	6. <u>Su</u> :	ite 1410, 30 (Mailing Address)	l N. Ma	rket	<u>\$t.</u>	
Wilmington, DE	19801	_Wil	lmington, DE	19801	2021	<u>_</u> _	
	1			AH A	J	17	
7. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT_accep	table)		<u>s</u>		
Name:	Fritz R. Kundrun			AND A	: 3		
Office Address	15563 Estancia Lane						
	Wellington (City)	·	_ , Florida <u>334</u> (Zip	14 code)	_		
Registered agent's acco	,=						
	registered agent and to accept service of potion, I hereby accept the appointment a						
to comply with the prov	isions of all statutes relative to the proper						
and accept the obligation	ns of my position as registered agent.	Un	enfr	,			
	(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Fritz R. Kundrun □Manager Name: Address: 15563 Estancia Lane ☐ Member ☐ Member Address: Wellington, FL 33414 □ Authorized ☐ Authorized Person Person Other____ Other Other____ Other Name: _____ □ Manager □Manager Address: ____ □Member Meinber Address: _____ ☐ Authorized ☐ Authorized Person Person ☐Other_ □Other____ □Other____ Other____ □Manager Name: Name: □ Manager ☐ Member Address: □Member Address: _____ □ Authorized ☐ Authorized Person Person Other □Other □Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Fritz R. Kundrun - Manager

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PALM BREEZE POINT 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 TENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BREEZE POINT LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2019.

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

Authentication: 202168185

Date: 01-10-20