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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

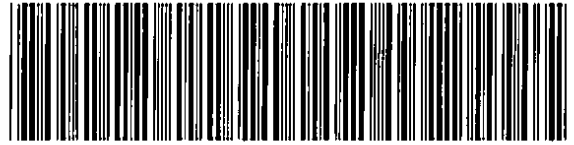
(Document Number)

Certified Copies _____ Certificates of Status _____

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2028 MAR 16 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 18 2023
TALLAHASSEE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EH 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:

ALAIN LANTIGUA

Name of Person

EH DEVELOPMENT LLC

Firm/Company

4143 SW 74 CT. SUITE B

Address

MIAMI, FL 33155

City/State and Zip Code

ALAIN.LANTIGUA@GMAIL.COM

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

For further information concerning this matter, please call:

ALAIN LANTIGUA

305

788-8310

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2020

ALAIN LANTIGUA
4143 SW 74 CT STE B
MIAMI, FL 33155

SUBJECT: EH DEVELOPMENT LLC
Ref. Number: W20000019640

We have received your document for EH DEVELOPMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 120A00004067

RECEIVED

MAR 16 2020

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. EH DEVELOPMENT LLC

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

EH TRANSIT DEVELOPMENT 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. 4143 SW 74 CT, SUITE B

(Street Address of Principal Office)

6. 4143 SW 74 CT, SUITE B

(Mailing Address)

MIAMI, FL 33155

MIAMI, FL 33155

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

Name: LOURDES SALAS

Office Address: 4143 SW 74 CT, SUITE B

MIAMI 33155

(City)

, Florida

(Zip code)

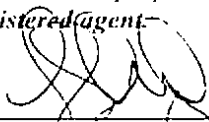
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 16 PM 2:59

FILED

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)

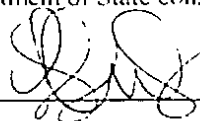
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: LOURDES SALAS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4143 SW 74 CT	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	MIAMI, FL 33155	<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 _____
 <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

LOURDES SALAS

Typed or printed name of signer

State Of Delaware
Limited Liability Company
Certificate Of Formation
For
EH DEVELOPMENT LLC

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:57 PM 10/18/2019
FILED 01:57 PM 10/18/2019
SR 20197622014 - File Number 7662005

FIRST: The name of the Limited Liability Company is EH DEVELOPMENT LLC.

SECOND: Its registered office and place of business in the State of Delaware is to be located at 704 N. King Street Suite 500, P. O. Box 1031, Wilmington, DE 19899, County of New Castle. The registered agent in charge thereof is BUSINESS SUCCESS SOLUTIONS INC.

THIRD: The period of duration for this Limited Liability Company is perpetual from the date of filing the Certificate of Formation with the State of Delaware, unless sooner dissolved by the members or as provided by Delaware State law.

FOURTH: The business of the company shall be determined by the Operating Agreement as to whether it shall be conducted under the exclusive management of its members who shall vote according to their proportionate interest in their company and shall have exclusive authority to act for the company in all matters or under the exclusive management of its manager(s) who shall have exclusive authority to act for the company in all matters. The Limited Liability Company will always have at least one [1] member or manager.

In Witness Whereof, the undersigned have executed this Certificate of Formation for EH DEVELOPMENT LLC this 18 October 2019.

Nancy B. Stewart
Nancy B. Stewart
Authorized Agent

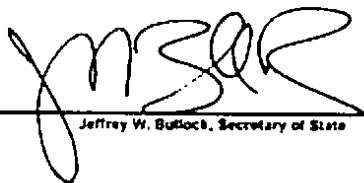
Delaware

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 "EH DEVELOPMENT LLC",
FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF OCTOBER, A.D.
2019, AT 1:57 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7662005 8100
SR# 20201871825

Authentication: 202515613
Date: 03-04-20

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