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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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 13FH PALM BEACH SPONSOR, LLC

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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

13FH Palm Beach Sponsor, LLC

SUBJECT:

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.

Tim Sanders			202 SSI
N	ame of Person		FIL 2020 HAR 25 SECRETAR FAILLAHASS
13th Floor Investments			R 25
F	irm/Company		lad/
848 Brickell Avenue PH1			PH 4: OF STA
	Address		53 10A
Miami, FL 33131			
City/S	State and Zip Code		
tsanders@13fi.com			
E-mail address. (to be use	d for future annual	report notification)	
For further information concerning this matter, please call.			
Elisa Seguin	786	5812520	
Name of Contact Person	Area Code	Daytime Telephon	le Number
Mailing Address:	Street Address:		
Registration Section	Registration Se		
Division of Corporations	Division of Co	•	
P.O. Box 6327	P.O. Box 6327 The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monr	oe Street, Suite 810	
	Tallahassee, F	L 32303	
Enclosed is a check for the following amount.			
Please make check payable to: FLORIDA DEPAR	TMENT OF STA	FE	A Ellian Pag Cartificate
■ \$125.00 Filing Fee		8	0 Filing Fee, Certificate Status & Certified Copy

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

A/17/2018 (Date first transacted becomes in Florida, if prior to regularation.) (See sections 605,0004 & 605,0005, F.S. to determine peralty liability) 48 Brickell Avenue PH1 Address of Frincipal Office) filami, FL 33131 Almost Timothy Sanders Name: Office Address. Miami (Cuy) (File number, if Epipresbic) (P.O. Box NOT acceptable) (File number, if Epipresbic) (Respondence of Physics of Physics of Physics of File of Physics o		ame adopted for the purpose of transacting business in Flori	da. The alternate rame must include "Limited Li 30-0951479	2020
(Date first transacted boursess in Florida, if prior to regularation.) (See sections 603,0004 & 603,0005, F.S. to determine penalty liability) 48 Brickell Avenue PH1 Address of Frincipal Office) 6. 848 Brickell Avenue PH1 Address of Frincipal Office) Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Timothy Sanders Name: 848 Brickell Avenue PH1 Office Address. Miami (Cay) Florida 33131 Florida (Zap code)	elaware —————		7	<u> </u>
(See first transacted business in Florada if prior to regulariation, (See sections 605,0004 & 605,0005, F.S. to determine perality lability) 48 Brickell Avenue PH1 Address of Florada (P.O. Box NOT acceptable) Timothy Sanders Name: 848 Brickell Avenue PH1 Timothy Sanders Miami Florada (P.O. Box NOT acceptable) Miami Florada (Zap code)	unisdiction under the law of wh	nich föreign limited liability company is organized;	(PEL numo	
(See sections 603.0504 & 603 0005; FS to cetermine peralty (labritary) 48 Brickell Avenue PH1 Address of Francipal Office) filami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Timothy Sanders Name: 848 Brickell Avenue PH1 Office Address. Miami (Cay) Timothy Sanders Address of Florida (Cap code)	4/17/2018			SE 5
Address of Francial Office) Illiami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131		(Date first transacted business in Fiorida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	peralty liability)	
fiami, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131				
Fame and street address of Florida registered agent: (P.O. Box: NOT acceptable) Timothy Sanders Name: 848 Brickell Avenue PH1 Office Address. Miami (Cay) (Cay) Timothy Sanders Address Address Timothy Sanders Address	Address of Francipal Office)		(Mailing Address)	3 A
Fame and street address of Florida registered agent: (P.O. Box: NOT acceptable) Timothy Sanders Name: 848 Brickell Avenue PH1 Office Address. Miami (Cuy) Timothy Sanders 848 Brickell Avenue PH1 (Cuy)				
Office Address. Miami (City) 848 Brickell Avenue PH1 33131 (Zip code)		ss of Florida registered agent (P.O. Box)		
Office Address. Miami (City) 33131 (Zip code)	ame and street addres			
(Cay) Florida(Zip code)		Timothy Sanders		
(City) Florida (Zip code)	Jame and <u>street addres</u> Name:	Timothy Sanders		
	Jame and <u>street addres</u> Name:	Timothy Sanders 848 Brickell Avenue PH1	NOT acceptable)	
	Jame and <u>street addres</u> Name:	Timothy Sanders 848 Brickell Avenue PH1 Miami	NOT acceptable) 33131	
	Name: Office Address.	Timothy Sanders 848 Brickell Avenue PH1 Miami (Cuy)	NOT acceptable) 33131 Florida (Zip code)	liability company at the

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8. For initial indexing purposes, list name	s, title or capacity and addresses of the primary members/managers or	persons authorized to
manage Jup to six (6) totall.		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name. 13th Floor HB Sponsor, LLC	□Manager	Name. Arnaud Karsenti
■ Member	Address. 848 Brickell Avenue PH1	□Member	Address:PH1
□Authorized	Miami, FL 33131	■Authorized	Miami, FL 33131
Person		Person	2021 TA
Other	Other	□Other	ZUZO MAR 25 SECONOLIANY FALLATIASSE
□Manager	Name. Michael Nunziata	□Manager	Name. P T
□Member	Address. 848 Brickell Avenue PH1	□Member	Address. 22 f. U
■ Authorized	Miami, FL 33131	□Authorized	DA 53
Person		Person	
□Other		□Other	Other
□Manager	Name	□Manager	Name.
□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. 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.

	Control of the contro	
	Signature of an authorized person	<u>-</u>
Arnaud Karsenti		
	Typed or printed name of signee	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "13FH PALM BEACH SPONSOR, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13FH PALM BEACH SPONSOR, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, ADD 2016.

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

6143805 8300 SR# 20202366424 Authentication: 202654154 Date: 03-25-20

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

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