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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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.****

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2020 JUN 10 12:45:27

Foreign Limited Liability Company

Fyve Realty Florida, LLC

Certificate of Status	0
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JUN 11 2020

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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. FYVE REALTY FLORIDA, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 6282 DUPONT STATION COURT E
(Street Address of Principal Office)

6. 6282 DUPONT STATION COURT E
(Mailing Address)

UNIT 3

UNIT 3

JACKSONVILLE, FL 32217

JACKSONVILLE, FL 32217

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 S 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.

James M. Halpin
James M. Halpin
Assistant Secretary
(Registered agent's signature)

2020 JUN 10 7:11:47

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: CHRISTOPHER JURASEK	<input type="checkbox"/> Manager	Name: ALBERT SPELL
<input type="checkbox"/> Member	Address: 6282 DUPTON STATION CT	<input type="checkbox"/> Member	Address: 6282 DUPONT STATION CT
<input type="checkbox"/> Authorized	UNIT 3	<input type="checkbox"/> Authorized	UNIT 3
Person	JACKSONVILLE, FL 32217	Person	JACKSONVILLE, FL 32217
<input checked="" type="checkbox"/> Other OFFICER	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other OFFICER	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JONATHAN KOSZALKA	<input type="checkbox"/> Manager	Name: STEPHEN CARVELLI
<input type="checkbox"/> Member	Address: 6282 DUPONT STATION CT	<input type="checkbox"/> Member	Address: 6282 DUPONT STATION CT
<input type="checkbox"/> Authorized	UNIT 3	<input type="checkbox"/> Authorized	UNIT 3
Person	JACKSONVILLE, FL 32217	Person	JACKSONVILLE, FL 32217
<input checked="" type="checkbox"/> Other OFFICER	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other OFFICER	<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.

Shelby Ranier

Signature of an authorized person

SHELBY RANIER

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FYVE REALTY FLORIDA, 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 JUNE, A.D. 2020.

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

2020-06-10 12:45:27



A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7990123 8300

SR# 20205614593

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

Authentication: 203083106

Date: 06-10-20