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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Marina Park Commerical, LLC

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

(If name unavailable, enter airemate na	me adopted for the purpose of transacting business in Fic	vida. The all	croate name must include "Limited Liability Company," "L.L.C," or "LLC.")		
Delaware 2			(לבן aumber, למואויניסאאב)		
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to detern	registration) abilûy)		
2665 South Bayshore Drive, Suite 1020 5			P.O. Box 330609		
			(Mailing Address)		
Coconut Grove, Florida 33133			Miami, Florida 33233		
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	ucceptable)		
Name:	NRAI Services, Inc.				
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(Chy)		(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.

Kathyn the Undelans, And Secontary-

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]:

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Title or Capacity:	Name and Address:	Title or Capacity:	<u>N</u>	ame and Address:
Manager	Name: Marina Park Investments	Manager	Name:	
Member	Address: Holdings Member, LLC	Member	Address:	
Authorized	2665 South Bayshore Drive, Suite 1020	Authorized		
Person	Coconut Grove, Florida 33133	Person		
Other		Other	C]Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized	<u></u>	
Person	<u></u>	Person		
Other	Other	Other	[_Other
Manager	Name:	Manager .	Name:	
Member	Address:	🗌 Member	Address:	
Authorized	<u> </u>	Authorized		
Person	<u> </u>	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. 1 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.

ala M. Marg	
Signature of an authorbod person	
Jack M. Maag	

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINA PARK COMMERCIAL, 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 SIXTH DAY OF JULY, A.D. 2020.

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



Secretary of Slate

Authentication: 203230334 Date: 07-06-20

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

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