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(Requestor's Name)					
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(Business Entity Name	2)				
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	Registration Section		į		Į,	Ð		•			
	Division of Corporations	1,	ė,	*	٠,	\$		ė	Ħ		
JE:	REDWOOD NATION.	AL PROPE	RTIES SB. LI	.C							
			Name of L	imited Liability	Compan	v		_			
enc. tenc	losed "Application by Foreign ee, and check are submitted to	a Limited L register th	iability Compa e above referes	iny for Authori iced foreign lin	zation to nited liab	Transact Bi lity compai	usiness in i	Florid act bu	a," C sines	ertifi s in I	ca To
	eturn all correspondence conc										
	Jeremy Ben-David										
			Nar	ne of Person	- :				-		
	AXS Law Group, F	LLC					<u>.</u>	:	2020	1	
	2121 NW 2nd Ave,	Suite 201	Firm	n/Company					- AUG - J	; ;	•
	Miami, FL 33127			Address					- ۲۳ ပ	ر د ب	
	jeremy@axslawgroup	.com	City/Stat	e and Zip Code	<u>-</u> . <u>-</u>			<u>ペー,</u> ジョ		-	
	E-n	nail address	s: (to be used f	or future annua	l report n	otilication)			-		
rthe	er information concerning this	matter, pk	case call:								
-	Jeremy Bem-David			305 at (297-1.	878					
	Name of Cor	nact Person	1	Area Code	Da	ytime Telep	phone Nun	nber	=		
F [Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		R D T 24	reet Address: egistration So ivision of Co he Centre of 415 N. Monr allahassee, F	orporatio Tallaha oe Stree	ssee t, Suite 8	10				
P	inclosed is a check for the fol- lease make check payable to: 3 \$125.00 Filing Fee	FLORIDA 3130.00 Fili	ount: A DEPARTM	ENT OF STAT	TE	□ \$16·	0.00 Filing				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

v. State of Poreig	m Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	C.")		
B'name unavailable, enter alternati	e name adopted for the purpose of transacting husiness in Flo	ords. The alternate garage man inch. L. of	(1:) "		
Delaware		The alternate name must include "Limi	led Liability Comp.	зя у, " "L.I., (;	," or"LI t
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	<u>=:</u>	~	
	company to manner	(FEI)	niunber, if applicab	(k) 20	
			in the second	-	•
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.)		1	*****
3921 Alton Road	(100 sections 1002,0904 & 003,0902; F.S. to determin		,'x' :	ယ	
ret Address of Principal Office)		3921 Alton Road 6.	.	₽¥	
, ,		6. (Mailing Address)		_ - ::-	
Suite 439		Suite 439		<u>=</u>	
Miami Beach, FL 331	40	Miami Beach, FL 33140			<u>.</u>
		 			
Name and <u>street address</u> Name:	ss of Florida registered agent: (P.O. Box) AXS Law Group., PLLC	N <u>OT</u> acceptable)			
		NOT acceptable)			
Name:	AXS Law Group., PLLC	33127			
Name: Office Address:	AXS Law Group., PLLC 2121 NW 2nd Avc. Suite 201 Miami (Cny)	NOT acceptable) Florida 33127 Zip code)			
Name: Office Address: gistered agent's acceptiving been named as resignated in this applicated on the provision of the provis	AXS Law Group., PLLC 2121 NW 2nd Avc. Suite 201 Miami (Cny)	Florida (Zip code)	d liability con		

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: Name: Brian A. Sidman	Title or Capacit	_	Name and Address:
□Member	Address: 3921 Alton Road Suite 439	□Member		
□Authorized Person	Miami Beach, FL 33140	□Authorized Person		
□Other		□Other		200ther 2011
□Manager	Name:	□Manager	Name:	
☐Member ☐Authorized	Address:	☐Member ☐Authorized	Address:	<u> </u>
Person □Other	Other	Person □Other		9 : F
□Manager	Name:			□Other
_	Address:	□Manager □Member		
□Authorized Person		□Authorized Person		
□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.

315	
	Signature of an authorized person
Brian A. Sidman	
	Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REDWOOD NATIONAL PROPERTIES SB, 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-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDWOOD NATIONAL PROPERTIES SB, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, ADD.

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

7233713 8300 SR# 20206337146

Authentication: 203321812

Date: 07-21-20