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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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## Foreign Limited Liability Company LARKSPUR HUBER HEIGHTS, LLC

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Larkspur Huber Heights, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If some unavailable, enter alternate name adopted for the purpose of transacting business in Finelds. The alternate came must be limited Liability Company, "LLC," or "LLC.") (Fill sumber, if applicable) 11/9/2020 10800 Biscayne Blvd., Ste. 300 10800 Biscayne Blvd., Ste: 300 (Street Address of Priccipal Office) Miami, FL 33161 Miami, FL 33161 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David Bernstein Name: 10800 Biscsyne Blvd., Ste 300 Office Address: Miama . Florida (City) 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 south v chemilies)

	Name and Address:	Title or Capacit	X:	Name and Address
Manager	Name: David Bernstein	☐ Manager	Name:	
Member	Address: 10800 Biscayne Blvd., Ste 300	☐ Member	Address: _	
Authorized	Miami, FL 33161	□ Authorized	<del> </del>	
Person		Person		
Other	Other	□Other		Other
Manager	Name:	□Manager	Name;	
Member	Address:	☐ Member	Address: _	
Authorized		□Authorized		
Person		Person	·	<u> </u>
Other	Other	□Other		□Other 2
]Manager	Name:	Manager	Name:	5
]Member	Address;	□Meinber	Address: _	
Authorizod		☐ Authorized		<u>~3</u>
Person		Person		2
Other		□Other		□Other

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LARKSPUR HUBER HEIGHTS, 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 NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LARKSPUR HUBER HEIGHTS, LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2020.

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

2011 101 277

4089471 8300 SR# 20208319475

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

MSIC

Authentication: 204046608

Date: 11-10-20