

ma000000 1603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

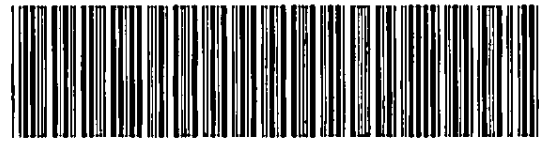
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SEP 19 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2020

JONATHAN NEWBERG
2200 BIASCAYNE BLVD
MIAMI, FL 33137

SUBJECT: ARRP MIAMI HOLDINGS, LLC
Ref. Number: W20000114409

We have received your document for ARRP MIAMI HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 820A00019399

RECEIVED
OCT 14 2020

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. ARRP MIAMI HOLDINGS, LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

30-1129190

3. (FEI number, if applicable)

4. AUGUST 17, 2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2200 BISCAYNE BOULEVARD

(Street Address of Principal Office)

6. 2200 BISCAYNE BOULEVARD

(Mailing Address)

MIAMI, FLORIDA 33137

MIAMI, FLORIDA 33137

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

Name:

JONATHAN NEWBERG

Office Address:

2200 BISCAYNE BOULEVARD

MIAMI

(City)

, Florida

33137

(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.

(Registered agent's signature)

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:

☐ Manager Name: Marisa Galbut

☐ Member Address: 2200 BISCAYNE BOULEVAF

☐ Authorized MIAMI, FLORIDA 33137

Person _____

☒ Other PRES ☐ Other _____

☐ Manager Name: JEFFREY LOWE

☐ Member Address: 2200 BISCAYNE BOULEVAF

☐ Authorized MIAMI, FLORIDA 33137

Person _____

☒ Other V.P. ☐ Other _____

☐ Manager Name: PABLO DEALMAGRO

☐ Member Address: 2200 BISCAYNE BOULEVAF

☐ Authorized MIAMI, FLORIDA 33137

Person _____

☒ Other TREASURER ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Josh Kahn

☐ Member Address: 2200 BISCAYNE BOULEVAF

☐ Authorized MIAMI, FLORIDA 33137

Person _____

☒ Other V.P. ☐ Other _____

☐ Manager Name: SHLOMO DACHOH

☐ Member Address: 2200 BISCAYNE BOULEVAF

☐ Authorized MIAMI, FLORIDA 33137

Person _____

☒ Other SECRETARY ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

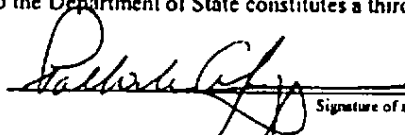
Person _____

☐ 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.



Signature of an authorized person

PABLO DE ALMAGRO

TREASURER
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 "ARRP MIAMI HOLDINGS, 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-NINTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARRP MIAMI HOLDINGS, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2018.



7047238 8300

SR# 20207950255

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

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

Authentication: 203973027

Date: 10-29-20