## M2100000113

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
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|   |  |  |  |
|   |  |  |  |

Office Use Only



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ing of mile

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 Tallahassee, Florida 32301 (850) 222-8870 • 1-800-342-8062 • Fax (850) 222-1222

| FR 334, LLC        |             |         | <del>-</del>                   |
|--------------------|-------------|---------|--------------------------------|
|                    |             |         | 7                              |
|                    | <del></del> |         | _                              |
|                    |             |         | <u></u>                        |
| <u> </u>           |             |         |                                |
|                    |             |         | Art of Inc. File               |
| ·                  |             |         | LTD Partnership File           |
|                    |             |         | Foreign Corp. File             |
|                    |             |         | L.C. File                      |
|                    |             |         | Fictitious Name File           |
|                    |             |         | Trade/Service Mark             |
|                    |             |         | Merger File                    |
|                    |             |         | Art, of Amend, File            |
|                    |             |         | RA Resignation                 |
|                    |             |         | Dissolution / Withdrawal       |
|                    |             |         | Annual Report / Reinstatement  |
|                    |             |         | Cert. Copy                     |
|                    |             |         | Photo Copy                     |
|                    |             |         | Certificate of Good Standing   |
|                    |             |         | Certificate of Status          |
|                    |             |         | Certificate of Fictitious Name |
|                    |             |         | Corp Record Search             |
|                    |             |         | Officer Search                 |
|                    |             |         | Fictitious Search              |
| Signature          |             |         | Fictitious Owner Search        |
| C                  |             |         | Vehicle Search                 |
|                    |             | <b></b> | Driving Record                 |
| Requested by: Seth |             |         | UCC 1 or 3 File                |
| Name               | Date        | Time    | UCC 11 Search                  |
|                    |             |         | UCC 11 Retrieval               |
| Walk-In            |             | p       | Courier                        |

## COVER LETTER

TO:

Registration Section

| Division of Corporations  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SUBJECT: FR 334, LLC Name of Li   |  |  |  |  |  |  |
| Name of Li  | mited Liability Company  |  |  |  |  |  |
| , ,   | any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida. |  |  |  |  |  |
| Please return all correspondence concerning this matter to the f  | ollowing:  |  |  |  |  |  |
| Gavin B   | anta<br>ne of Person   |  |  |  |  |  |
| Nar   | ne of Person   |  |  |  |  |  |
| Angelo : Ban  | Ha P. A.   |  |  |  |  |  |
| <b>,</b>  | n Company  |  |  |  |  |  |
| SIS E. Las Olas   | Blvd., Suite 850   |  |  |  |  |  |
| Fort Lauderdate, Florida 33301 City/State and Zip Code  |  |  |  |  |  |  |
| e-mai Paddress: (to be used for future annual report notification)  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |
| <u>Cavin</u> Banta  | at (954) 766 - 9930 Area Code Daytime Telephone Number   |  |  |  |  |  |
| Name of Contact Person  | Area Code Daytime Telephone Number   |  |  |  |  |  |
| Mailing Address:  | Street Address:  |  |  |  |  |  |
|   | Registration Section   |  |  |  |  |  |
| •   | Division of Corporations   |  |  |  |  |  |
| P.O. Box 6327   | The Centre of Tallahassee  |  |  |  |  |  |
| •   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |  |  |  |  |  |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTA  \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of State}\$ | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate   |  |  |  |  |  |

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

|  | CTION (05.0902, FLORIDA STATUTES, THE FO<br>USINESS IN THE STATE OF FLORIDA:   | DLLOWING IS SUBMITTED TO REGISTED      | R A FOREIGN TIMITED LIABILITY  |
|--|--|--|--------------------------------|
| 1. Name of Foreign                                     | R 334, LLC<br>Thimted Liability Company; must include "Limited   | Hability Company," L.L.C," or "LLC")   |                                |
| (If name una-ailable, enter alternate                  | name adopted for the purpose of transacting business in Flo  |  |                                |
| 2. Delaw of (Jurisdiction under the law of             | which foreign limited liability company is organized)  | 3. 86 - 1490 2. (FET number            | O (                            |
| 4  | (Date first transacted business in Florida, if prior to r<br>(See sections 605 0904 & 605,0905, F.S. to determin   | registration.) ne penalty liability)   |                                |
| 5. 800 Bric<br>(Street Address of Principal Office)    | cell Avenue, PH 1  | 6. C/o American (Marbing Addiess)      | -and Ventures, LLC             |
| Miami, Flor  | ida 33131  | 800 Brickell Ave                       | ence, PHI                      |
|  |  | Miami, Florida                         | 33131                          |
| <ol> <li>Name and street address</li> </ol>            | ess of Florida registered agent: (P.O. Box   | NOT acceptable)                        |                                |
| Name:  | Angelo : Banta, P.   | <u>A</u> .                             |                                |
| Office Address:  | SIS E. Las Ola, Blo  |  |                                |
|  | Fort Lauderdala (Ciry)   | , Florida <u>333 6 1</u><br>(Zip code) | - P                            |
| designated in this applic<br>to comply with the provis | ptance:<br>egistered agent and to accept service of p<br>ation, I hereby accept the appointment as<br>sions of all statutes relative to the proper<br>as of my position as registered agent. | registered agent and agree to act in   | this capacity. I further agree |
|  |  | 5 —                                    | Ai Cir                         |
|  | (Registered agent's s  | ignature)                              | <del>د</del> «                 |

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:  | Title or Capacity:   |   | Name and Address:  |
|--|--|--|---|--|
| Manager  | Name: ALV 334 St. Pete, LLC  | □Manager   | Name:   |  |
| □Member  | Address: 800 Brickell Arenue,  | □Member  | Address:  | <u></u>  |
| □Authorized  | PH 1   | □Authorized  |   |  |
| Person   | Mianui, Florida 33131  | Person   |   |  |
| Other  | □Other   | □ Other  | <u>.</u>  | Other  |
| □Manager   | Name:  | ⊡Manager   | Name:   |  |
| □Member  | Address:   | □Member  | Address:  |  |
| □Authorized  |  | □Authorized  |   |  |
| Person   |  | Person   |   |  |
| □Other   | Other  | □Other   | <del> </del>  | Other  |
| □Manager   | Name:  | □Managei   | Name:   |  |
| □Member  | Address:   | □Member  | Address:  |  |
| □Authorized  | -  | □Authorized  |   |  |
| Person   |  | Person   |   |  |
| □Other   | Other  | □Other   |   | Other  |
| indexed individuals  9. Attached is a certification under the translator mu  10. This document | Use an attachment to report more than six (6). The amay be added to the index when filing your Floridatificate of existence, no more than 90 days old, duline law of which it is organized. (If the certificate is st be submitted)  is executed in accordance with section 605.0203 (If ment to the Department of State constitutes a third | da Department of State y authenticated by the in a foreign language () (b), Florida Statutes | e Annual Rep<br>official havi<br>e, a translation<br>. I am aware t | nort form.  Ing custody of records in the of the certificate under oath that any false information |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FR 334, 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 NINETEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FR 334, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202317978

Date: 01-19-21

4718514 8300 SR# 20210157277