

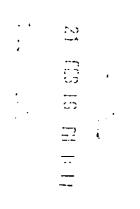
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COVER LETTER

TO:	Registration Section Division of Corporations	
SURI	Unit 610 SG LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		me of Limited Liability Company
Please	e return all correspondence concerning this matter	to the following:
	Patrick M. Stevens	
Unit 610 SG LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited fliability company to transact business in Florida Please return all correspondence concerning this matter to the following: Patrick M. Stevens		
	Wolfe Stevens PLLC	
	· —	Firm/Company
	6807 Overseas Highway	
		Address
	Marathon Florida 33050	
		City/State and Zip Code
	stevens@marathonlaw.com	
	E-mail address: (to)	be used for future annual report notification)
For fi	irther information concerning this matter, please o	all:
	Patrick Stevens	305 743-9858
	Name of Contact Person	Area Code Daytime Telephone Number
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

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:

	·		<u> </u>		
ame unavailable, enter alternate :	name adopted for the purpose of transacting business in F1	orida, The	alternate name inust include "Limited Liability	, Сонрану,	.""L.L.C," or "
Delaware		85-3533098			
(Jurisdiction under the law of which foreign limited liability company is organized)		۵.	(Fl:l number, if applicable)		
February 2021					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, U.S. to determ	registratio ne penalty	u') u')	_	
411 Walnut Street, #14394			411 Walnut Street #14394		
Address of Principal Office)		6.	(Mailing Address)		
Green Cove Springs, F	L 33043		Green Cove Springs, FL 33043		
				,	<u>بر</u>
				- 	(.)
Same and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	•	5
	Wolfe Stevens PLLC				::3
Name:					 • •
Office Address:	6807 Overseas Highway				
	Marathon		33050 , Florida		

egistered agent's acceptance;

aving been named as registered agent and to accept service of process for the above stated limited liability company at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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: Title or Capacity: Name and Address: Name and Address: Charles Sposato Name: □Manager □Manager Name: ______ Address: 411 Walnut Street, #14394 ☐ Member □Member Address: Green Cove Springs, FL 33043 Authorized □ Authorized Person Person Managing Membe □ Other □Other_____ □Other_____ Name: Kara R. Sposato **1Manager** Name: Address: 411 Walnut Street, #14394 Address: _____ Member Green Cove Springs, FL 33043 'Authorized □ Authorized Person Person Managing Membe □Other_____ □Other_____ Other____ Name: Janager. □Manager Address: ______ Address: 4ember ☐ Member uthorized □ Authorized erson Person Other____ □Other_____ □Other_____ ther rtant Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Noned individuals may be added to the index when filing your Florida Department of State Annual Report form. ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the iction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath translator must be submitted) its document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information tted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Typed or printed name of signee

Patrick M. Stevens



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

DELAWARE, DO HEREBY CERTIFY "UNIT 610 SG 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 EIGHTH DAY OF FEBRUARY, A.D. 2021.

Authentication: 202466520

Date: 02-08-21