

**MA2100004011**

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From:

Account Name : MARIN, ELJAIK, LOPEZ & MARTINEZ, PL  
Account Number : I20030000013  
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**Foreign Limited Liability Company  
Conway Owner LLC**

Certificate of Status	1
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Conway Owner LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Santiago Eljaiek III, Esq.

\_\_\_\_\_  
Name of Person

Mellaw Registered Agents, LLC

\_\_\_\_\_  
Firm/Company

2601 S. Bayshore Drive 18th Floor

\_\_\_\_\_  
Address

Coconut Grove, FL 33133

\_\_\_\_\_  
City/State and Zip Code

SB@Mellawyers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santiago Eljaiek III

305

444-5969

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

~~Physical Address:~~  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

~~Street Address:~~  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 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:

1. Conway Owner LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Delaware  
(State or country of formation of the foreign limited liability company; if organized in a foreign country, enter the name of the country)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. April 6, 2021  
(Date of formation of the foreign limited liability company; if organized in a foreign country, enter the date of formation in the country of origin)

5. 3917 Riga Blvd  
(Principal office address of the foreign limited liability company; if organized in a foreign country, enter the address in the country of origin)

6. 3917 Riga Blvd  
(Mailing Address)

Tampa, FL 33610  
(City, State, and Zip code)

Tampa, FL 33610  
(City, State, and Zip code)

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

Name: Mellaw Registered Agents, LLC

Office Address: 2601 South Bayshore Drive, 18th Floor

Coconut Grove, Florida 33133  
(City) (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.

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TAMPA, FL

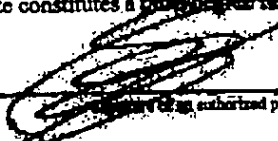
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity</u>	<u>Name and Address</u>	<u>Title or Capacity</u>	<u>Name and Address</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Conway Holdings LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3917 Riga Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Tampa, FL 33610</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 laws 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 false statement as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 by: Santiago Bljaiek, Authorized Signatory  
 \_\_\_\_\_  
 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 "CONWAY OWNER 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 FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONWAY OWNER LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

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



5710272 8300

SR# 20211176027

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to be "MRS. BULLOCK", written over a horizontal line.

Authentication: 202893663

Date: 04-05-21