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DATE: 4/28/2021

NAME: 925 MARINER DR LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE Chhia Hodige

COVER LETTER

eribir		Mariner Dr LLC			
2081E	CT: Name o	f Limited Liability Company			
The enc Existence	losed "Application by Foreign Limited Liability Co ee, and check are submitted to register the above ref	empany for Authorization to Transact Business in Florida," Certificate of Gerenced foreign limited liability company to transact business in Floric			
Please r	eturn all correspondence concerning this matter to t	he following:			
	Jeff	rey D. Scheine, Esq.			
		Name of Person			
	ļ	Dentons US LLP			
		Firm/Company			
1221 Avenue of the Americas					
Address					
	York, NY 10020-1089				
	City	/State and Zip Code			
		scheine@dentons.com			
	·	sed for future annual report notification)			
For furtl	ner information concerning this matter, please call:				
	Jeffrey D. Scheine, Esq.	212 768-5363 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing 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			

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	925 Marine	r Dr LLC				
(Name of Foreign Limit	red Liability Company; must include "Limit	ed Liability Company	y," "L.L.C.," (or "LLC.")		
(If name unavailable, enter alternate name a	idopted for the purpose of transacting business in I	Florida. The alternate na	me must include	e "Limited Liabili	ity Company," "L.lC,"	or "LLC,")
Delaware						
2. (Jurisdiction under the law of which to	oreign limited liability company is organized)	3		(FEI number, i	f applicable)	
N/A 4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)				
c/o Alchemy Capital Planni 5.		6				
5. (Street Address of Principal Office)		(Ma	iling Address)			
1221 Avenue of the Americ	as, 25th Floor					
New York, NY 10020-1089						<u> </u>
7. Name and street address of	Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptab	le)		2021 APR	
Name:	Corporation Service Comp	oany 			APR 28	
Office Address:	1201 Hays Street				70 77 77	13 A G
	Tallahassee		Florida	32301	23	
_	(Cny)	,		(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.

Prome 1. Suare Corporation Service Company by Jerome L. Suarez, Assistant Secretary

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Pablo Rodriguez-Fraile ■Manager □Manager Name: ______ 925 Mariner Dr. Address: Address: _____ □Member Key Biscavne, FL 33149 □ Authorized ☐ Authorized Person Person □Other___ Other Other _____ □ Other Name: □Manager Name: _____ □Manager □Member □ Member Address: Address: ____ ☐ Authorized □ Authorized Person Person □Other____ □Other_____ □Other_____ □Other_____ □Manager Name: □ Manager Name: Address: _____ ☐ Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other_____ □Other □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Rodriguez-Fraile

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "925 MARINER DR 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-SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "925 MARINER DR LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2021.

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

Authentication: 203053585

Date: 04-26-21