

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Foreign Limited Liability Company  
PUTTERY MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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FLORIDA  
TALLAHASSEE

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Help

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

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A (FEI number, if applicable)

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

5. 10670 North Central Expressway
(Street Address of Principal Office)
Suite 700
Dallas TX 75231

6. 10670 North Central Expressway
(Mailing Address)
Suite 700
Dallas TX 75231

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(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.

Katherine Schneider
(Registered agent's signature)
Katherine Schneider, Asst. Secretary

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TALLAHASSEE, FLORIDA

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: Michael Nichols  
 Member Address: 10670 North Central Expy  
 Ste 700  
 Authorized Person Dallas TX 75231  
 Other Treasurer  Other

**Title or Capacity:** **Name and Address:**

Manager Name: Drive Shack Urban Box Holdings  
 Member Address: 10670 North Central Expy  
 Ste 700  
 Authorized Person Dallas TX 75231  
 Other  Other

Manager Name: Nicholas Foley  
 Member Address: 10670 North Central Expy  
 Ste 700  
 Authorized Person Dallas TX 75231  
 Other Secretary  Other

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized Person \_\_\_\_\_  
 Other  Other

Manager Name: Elyse Cook  
 Member Address: 10670 North Central Expy  
 Ste 700  
 Authorized Person Dallas TX 75231  
 Other Asst Secretary  Other


Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized Person \_\_\_\_\_  
 Other  Other

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**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

Elyse Cook  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUTTERY MIAMI 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 TENTH DAY OF JUNE, A.D. 2021.

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

2021 JUN 10 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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