

M21000007826

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: June 22, 2021

Account#: I200000000088

Name: KEN HOWELL

Reference #: 1400793

Entity Name: GROVE ROSEBUD TWO LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other

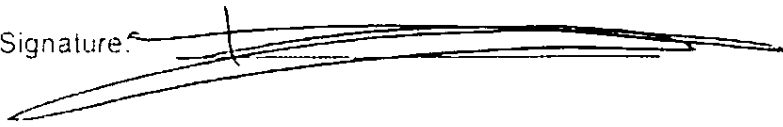
CERTIFIED COPY UPON FILING

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: \$155-

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40 ST 10 FL
NY NY 10016
800.271.0107
+1.212.947.7700

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED OFFICE AND HEAD OFFICE
10 GRIFFIN STREET
5 HEVIA MARKS, 11 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A PRIVATE COMPANY LIMITED BY SHARES
INFINITUS PLAZA, 12 FL
159 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROVE ROSEBUD TWO 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:

Ellen Gilmore, Esq.

Name of Person

Greenspoon Marder LLP

Firm/Company

200 E. Broward Boulevard, Suite 1800

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

craig@menin.com

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

For further information concerning this matter, please call:

Ellen Gilmore, Esq.

954

343-6963

Name of Contact Person

at (_____) _____

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

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. GROVE ROSEBUD TWO LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(F.T. number, if applicable)

4. May 9, 2016
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o MENIN DEVELOPMENT 83
(Street Address of Principal Office)

101 SE 4TH AVENUE
DELRAY BEACH, FL 33483

6. c/o MENIN DEVELOPMENT
(Mailing Address)

101 SE 4TH AVENUE
DELRAY BEACH, FL 33483

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

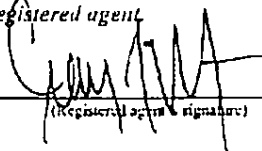
Name: CM RAC, INC.

Office Address: c/o MENIN DEVELOPMENT 101 SE 4TH AVE.
DELRAY BEACH, Florida 33483
(City) (Zip code)

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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.


(Registered agent's signature)

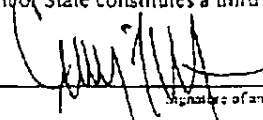
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Craig I. Menin</u>	<input type="checkbox"/> Manager	Name: <u>Jordana Jarjura</u>
<input type="checkbox"/> Member	Address: <u>c/o MENIN DEVELOPMENT</u>	<input type="checkbox"/> Member	Address: <u>c/o MENIN DEVELOPMENT</u>
<input type="checkbox"/> Authorized	<u>101 SE 4TH AVENUE</u>	<input type="checkbox"/> Authorized	<u>101 SE 4TH AVENUE</u>
Person	<u>DELRAY BEACH, FL 33483</u>	Person	<u>DELRAY BEACH, FL 33483</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other ^{VP} _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lori Lucas</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o MENIN DEVELOPMENT</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>101 SE 4TH AVENUE</u>	<input type="checkbox"/> Authorized	_____
Person	<u>DELRAY BEACH, FL 33483</u>	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 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
 Craig I. Menin, Manager

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 "GROVE ROSEBUD TWO 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-FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROVE ROSEBUD TWO LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6014052 8300

SR# 20212504402

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203492785

Date: 06-21-21