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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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2021 JUL -1 PM 3: 50

#

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 889457 7175508

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 1, 2021

ORDER TIME : 1:59 PM

ORDER NO. : 889457-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: DANIELS PROPERTIES FLORIDA

NO. 4, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

enclosed "Application by Foreign Limited Liability Contence, and check are submitted to register the above refese return all correspondence concerning this matter to the Leven	erenced foreign limited	on to Transact Business in Florida," Cliability company to transact busines	
Leven 2 N. LaSa	erenced foreign limited ne following: Jennifer Cohen Name of Person nfeld Pearlstein, LLC Firm/Company calle Street, Suite 130	liability company to transact busine.	
Leven	Jennifer Cohen Name of Person nfeld Pearlstein, LLC Firm/Company calle Street, Suite 130		
Leven	Name of Person nfeld Pearlstein, LLC Firm/Company alle Street, Suite 130		
Leven	nfeld Pearlstein, LLC Firm/Company alle Street, Suite 130		
2 N. LaSa	Firm/Company alle Street, Suite 130		
2 N. LaSa	alle Street, Suite 130	00	
		00	
Chic	Address		
Chic			
	ago, Illinois 60602		
City/	/State and Zip Code		
Ipag	gents@lplegal.com		
E-mail address: (to be use	sed for future annual re	port notification)	
further information concerning this matter, please call:			
Jennifer Cohen	312 at ()	346-8380	
Name of Contact Person	Area Code	Daytime Telephone Number	
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		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:

i.	DANIELS PROPERTIES FLOR			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Co	mpany," "L.L.C.," or "L.L.C.")	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The alter	nate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC.")
	Delaware	2	87-1479 ⁻	152
(Jurisdiction under the law of	shich foreign limited liability company is organized)	ა	(FEI number, 11	applicable)
J.				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liabi	lity)	
8286 30th Avenue N		82 6.	86 30th Avenue N	
Street Address of Principal Office)		0	(Mailing Address)	· · ·
St. Petersburg, Flori	da 33710	St.	Petersburg, Florida 3371	0
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acco	eptable)	SECRETARY.
Office Address:	1201 Hays Street		_	A STATE OF
	Tallahassee		32301 Florida	H -
	(Cny)		(Zip code)	_
lesignated in this applica o comply with the provis	ntance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the property of my position as registered agent. Corporation Service Company By:	s registered	l agent and agree to act in the lete performance of my dutic	its capacity. I further agre

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:	Title or Capacity:	Name and Address:
■Manager	Name: Dan Daniels	□Manager	Name:
□Member	Address: 8286 30th Avenue N	□Member	Address:
□Authorized	St. Petersburg, Florida 33710	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		Other	□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.





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

DELAWARE, DO HEREBY CERTIFY "DANIELS PROPERTIES FLORIDA NO. 4, 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DANIELS

PROPERTIES FLORIDA NO. 4, LLC" WAS FORMED ON THE THIRTIETH DAY OF

JUNE, A.D. 2021.

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



Authentication: 203582956

Date: 07-01-21