

## Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : MARIN, ELJAIK, LOPEZ & MARTINEZ, PL  
Account Number : I20030000013  
Phone : (305)444-5969  
Fax Number : (786)363-3119

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**Foreign Limited Liability Company**  
**MCO Park at Milano, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

2021 AUG -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCO Park at Milano, 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 Eljaick 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

SE@Mellawyers.com

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

For further information concerning this matter, please call:

Santiago Eljaick III

305

444-5969

Name of Contact Person

Area Code

Daytime Telephone Number

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**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. MCO Park at Milano, L.L.C.  
(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  
(State or country of organization of the foreign limited liability company) 3. \_\_\_\_\_  
(FBI number, if applicable)

4. April 23, 2021  
(Date of formation of the foreign limited liability company)

5. 3917 Riga Blvd  
(Street Address of Principal Office) 6. 3917 Riga Blvd  
(Mailing Address)

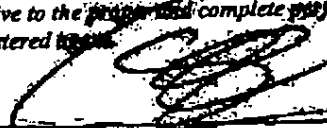
Tampa, FL 33610 Tampa, FL 33610

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.

  
\_\_\_\_\_  
(Signature of Registered Agent)

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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: Bluekon at Colonial Ridge, LLC | <input type="checkbox"/> Manager    | Name: _____                    |
| <input type="checkbox"/> Member             | Address: 3917 Riga Blvd              | <input type="checkbox"/> Member     | Address: _____                 |
| <input type="checkbox"/> Authorized         | Tampa, FL 33610                      | <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 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 crime as provided for in s.817.155, F.S.

by: Santiago Eljaiek III, as 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 "MCO PARK AT MILANO, L.L.C." 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-THIRD DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCO PARK AT MILANO, L.L.C." 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.



5865740 8300

SR# 20211428392

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 read "JBULLOCK", written over a horizontal line.

Authentication: 203044651

Date: 04-23-21