

M210000 10548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

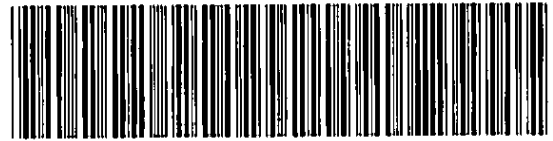
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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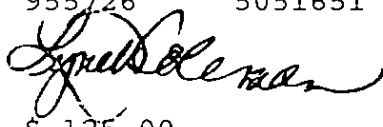


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RECEIVED
2021 AUG 13 PM 12:29
SECRETARY OF
TALLAHASSEE, FLORIDA

2021 AUG 13 PM 1:18
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 955726 5051651
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : August 12, 2021

ORDER TIME : 9:23 AM

ORDER NO. : 955726-015

CUSTOMER NO: 5051651

FOREIGN FILINGS

NAME: UMF 23 ADALIA, 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: Eyliena Baker -- EXT# 61594

EXAMINER: _____

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. UMF 23 Adalia, 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. pending
(FEI number, if applicable)

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

5. 1801 S. Australian Ave.
(Street Address of Principal Office)

6. SAME
(Mailing Address)

West Palm Beach, FL 33409

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 APR 13 PM 1:18

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.

Eyleima Bahar

Assistant Vice President

(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> |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Adam Schlesinger |
| <input type="checkbox"/> Member | Address: 1801 S. Australian Ave. |
| <input type="checkbox"/> Authorized | West Palm Beach, FL 33409 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <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.

Heather Irving

Signature of an authorized person

Heather Irving, Authorized Person

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UMF 23 ADALIA, 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 TWELFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UMF 23 ADALIA, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2021.

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



6161034 8300

SR# 20212964201

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

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.

Authentication: 203908504

Date: 08-12-21