

M21000010993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

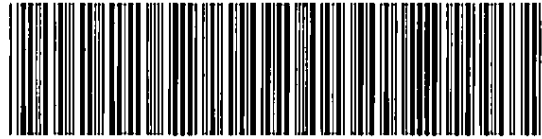
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 19 AM 8:11

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

ACCOUNT NO. : I20000000195
REFERENCE : 967873 7446854
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : August 18, 2021
ORDER TIME : 4:10 PM
ORDER NO. : 967873-005
CUSTOMER NO: 7446854

FOREIGN FILINGS

NAME: EDEN LIVING JACKSONVILLE, 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: _____

GOODKIND & FLORIO, P.A.

ATTORNEYS AND COUNSELORS AT LAW

4121 LA PLAYA BLVD.
COCONUT GROVE, FLORIDA 33133

TEL: 305-667-4811
Brian@goodkindandflorio.com
Kenneth@goodkindandflorio.com

August 22, 2021

Re: L21000338604 – Eden Living Jacksonville LLC

My law firm represents the owners of Eden Living Jacksonville LLC, which was formed/typed on July 26, 2021 (effective July 28, 2021) and which was given document number L21000338604. That entity was formed in error and, on August 16, 2021, my law firm voluntarily dissolved that entity (see evidence of dissolution attached hereto as Exhibit 1). Please take this letter as confirmation that I hereby release the name Eden Living Jacksonville LLC so as to allow a Delaware entity by the same name to use if for qualification to conduct business in Florida.

Respectfully,



Kenneth R. Florio

2021 AUG 19 PM 8:11

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. Eden Living Jacksonville, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2801 SW 31st Avenue, Suite 2B 6. 2801 SW 31st Avenue, Suite 2B
(Street Address of Principal Office) (Mailing Address)

Coconut Grove, FL 33133

Coconut Grove, FL 33133

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

Name: United States Registered Agents, Inc.

Office Address: 9300 S. Dadeland Blvd., Suite 600

Miami

(City)

, Florida 33156

(Zip code)

2021 AUG 19 PM 8:11

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.

John Hofmann
(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]:

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

☐ Manager Name: Project Eden JV, LLC

☒ Member Address: 2801 SW 31st Ave.

☐ Authorized Suite 2B

 Person Coconut Grove, FL 33133

☐ Other _____ ☐ Other _____

☐ Manager Name: Jay Jacobson

☐ Member Address: 2801 SW 31st Avenue

☒ Authorized Suite 2B

 Person Coconut Grove, FL 33133

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ 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.



Signature of an authorized person

Kenneth R. Florio, Esq.

Typed or printed name of signee

Delaware

The First State

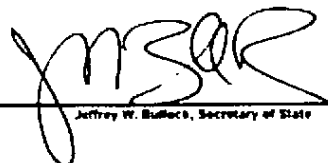
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDEN LIVING JACKSONVILLE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDEN LIVING JACKSONVILLE, LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State