8/25/2021

Division of Corporations

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## Foreign Limited Liability Company MIA West Holdings, LLC

Certificate of Status	0
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## 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 TOTRANSACT BUSINESS IN THIS STATE OF FLORIDA: MIA West Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C, " or "LLC,") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Fortija. The alternate name must include "Limited Liability Company," "LLC," or "LLC,") (Randiction under the law of which foreign limited fiability company is organized) (Date first manageted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3310 Mary Street, #302 3109 Grand Avenue, #349 (Street Audress 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) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address:

## Registered agent's acceptance:

Plantation

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.

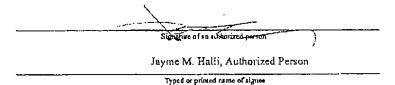
Scott White, Assistant Secretary
(Registered agent's signature)

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:	Title or Capacity:		Name and Address:		
∐Manager	Name:	□Manager	Name:			_
□Member	Address: 3109 Grand Avenue, #349	☐Member	Address:			_
<b>≅</b> Authorized	Coconut Grove, FL 33133	DAuthorized		······································		_
Person		Person			n	
□Other	Other	[]Other		□Other	· · · · · · · · · · · · · · · · · · ·	<del></del>
□Manager	Name:	□Manager	Name:			_
□Member	Address:	□Member	Address:			<b></b> .
□Authorized		□ Authorized				_
Person		Person				
Other	□ Other	Other	<del></del>	Other	2321	_
				:	78.5	:W 1
□Manager	Name:	□Manager	Name:		<u></u>	_
□Member	Address:	□Member	Address: _		<del></del>	— , : <sup>‡</sup>
Authorized		☐ Authorized	<del></del>			_
Person		Person			θĐ	
Other	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.





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

DELAWARE, DO HEREBY CERTIFY "MIA WEST HOLDINGS, 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-FIFTH DAY OF AUGUST, A.D. 2021.

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

2921 AUG 25 PM 2: 06

Authentication: 204004209

Date: 08-25-21