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(Requestor's Name)

(Address)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5940 Beach Blvd Jax 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:

Mark L. Plaumann

Name of Person

Greyhawke Capital Advisors LLC

Firm/Company

12150 SW Bennington Circle

Address

Port Saint Lucie, FL 34987

City/State and Zip Code

dtiernan@greyhawke.com

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

For further information concerning this matter, please call:

Denise Tiernan

561

567-7771

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. 5940 Beach Blvd Jax 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. 87-1627971
(FEI number, if applicable)
4. August 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Greyhawke Capital
(Street Address of Principal Office)
6. c/o Greyhawke Capital
(Mailing Address)
- 12150 SW Bennington Circle
Port Saint Lucie, FL 34987
- 12150 SW Bennington Circle
Port Saint Lucie, FL 34987
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Denise Tiernan

Office Address: 12150 SW Bennington Circle

Port Saint Lucie, Florida FL

(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.

Denise Tiernan

(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FL 32399

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: <u>Mark L. Plaumann *</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert J. Rosen*</u>
<input type="checkbox"/> Member	Address: <u>135 Via Palacio</u>	<input type="checkbox"/> Member	Address: <u>1127 Lake Avenue</u>
<input type="checkbox"/> Authorized	<u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Authorized	<u>Greenwich, CT 06831</u>
Person	<u>Manager of Herford UTGP LLC,*</u>	Person	<u>Manager of Herford UTGP LLC,*</u>

☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____
** GENERAL PARTNER OF HERFORD ASSOCIATED LIMITED PARTNERSHIP, SOLE MEMBER*

<input type="checkbox"/> Manager	Name: <u>Benjamin S. Klapper**</u>	<input type="checkbox"/> Manager	Name: <u>Sidney Ingber**</u>
<input checked="" type="checkbox"/> Member	Address: <u>50 East 89th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>40 East 80th Street</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10128</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10075</u>
Person	_____	Person	_____

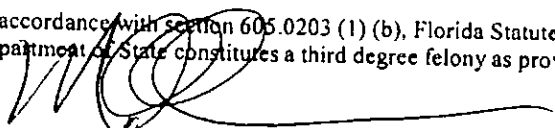
☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____
XX MEMBER OF HERFORD UTGP LLC, GENERAL PARTNER OF HERFORD ASSOCIATED LIMITED PARTNERSHIP, SOLE MEMBER

<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 third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person
 Mark L. Plaumann, Manager

 Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "5940 BEACH BLVD JAX 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 EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5940 BEACH BLVD JAX LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6074452 8300

SR# 20213012930

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

Authentication: 203948649

Date: 08-18-21