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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 : (954)208-0845 Fax Number

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

Address:

Foreign Limited Liability Company MIA WEST DEVELOPMENT, LLC

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Help

From Ranae McGra

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2021-08-30 11:14:43 CST

(Name of Foreign Limited Linbility Company, must include "Limi			
	ited Liability Company," "L.L.C.," or "LLC.")		
rame unsvailable, miter alternate rame adopted for the purpose of transacting business in	t Florida, The atternate name must include "Limited Liability (⊇омряву," "L.IC	;" or "LLC.")
Delaware	2		
(Jurisdiction under the law of which foreign limited liability company is organized)	3. (FEI number, if as	iplicable)	
		,	28
(Dato first treatached business in Piorale, if prior (See accions 605,0904 & 605,0905, F.S. to dete	to registration.) runine penalty liability)	44)	21
3310 Mary Street, #302	3109 Grand Avenue, #349	:	#US
rec: Address of Principal Office)	6. (Mailing Address)		_ చ్ర
Coconut Grove, FL 33133	Coconut Grove, FL 33133	<i>ć</i> .	0
Cocosian Citato, No 33133			
		£**s	Ę.
			— <u> </u>
	. NOT	•	
Name and <u>street address</u> of Florida registered agent; (P.O. Be	ex NOT acceptable)		
NP 440 a land land			
NRAI Services, Inc.			
1200 South Pine Island Road			
Office Address:			
Plantation	33324		
(C _N)	Plorida (Zip code)		
(Cay)	(-4)		
egistered agent's acceptance:	Commentered House of the House of the House of H	llin commann	at the plac
aving been named as registered agent and to accept service a signated in this application, I hereby accept the appointment	t as registered agent and agree to act in the	s capacity. I	Juriner ag
camply with the provisions of all statutes relative to the prop ad accept the obligations of my position as registered agent.	per and complete performance of my duties	, and I am fo	ımillar vitl

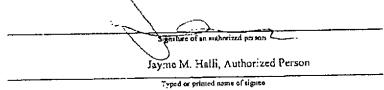
(Registered agont's signature)

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	<u>i</u>	Name and Address:	
□Manager	Name: Jayme M. Halli	□Manager	Name:		_
□Member	Address: 3109 Grand Avenue, #349	□Member	Address:		_
⊠ Authorized	Coconut Grove, PL 33133	. DAuthorized			
Person		Person			-
Other	□Othe1	□ Other		□ Other	
□Manuger	Name:	Manager			_
□Meinber	Address:	□Member	Address:	2021	_
□Authorized		☐Authorized		121 AUS	- ¡= }
Person		Person		- : 3C	لغار . توبر
Other	□Other	Other		70	·
					44 -44 442 4 78
□Manager	Name:	_ □Manager	Name:		_
□Member	Address:	_ []Member	Address:		
□Authorized					_
Person		_ Person			_
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 awate 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.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "MIA WEST DEVELOPMENT, 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 THIRTIETH DAY OF AUGUST, A.D. 2021.

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

2021 AUG 30 PH 4: 40

Authentication: 204037310

Date: 08-30-21