0/2021	Division of Corporations
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2021 SEP - 1 PM 3: 23	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122 Fat Number : (305)351-2122 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
-	Foreign Limited Liability Company Legacy MWC Parking LLC
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APPLICATION BY FOREIGN LIMITED LIABI	LITY COMPANY FOR AUTHORIZATION TO TH	RANSACT BUSINE
	IN FLORIDA	i
- ΤΟ ΔΥΣΑΦΙ ΠΑΤΈ ΤΡΙΤΕΙ ΣΕΛΤΙΟΝ ΚΩΣΤΟΥ ΕΤ ΟΡΙΟΑ SEAT	UTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FO	DREIGN LIMITED LIAB
COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLO	RDA:	
LEGACY MWC PARKING LLC		
1. LEGACY MWC PARKING LLC	include "Limited Liebility Company." "L.L.C.," or "LLC.")	·
1. LEGACY MWC PARKING LLC (Name of Foreign Limited Liability Company; must i	include "Limited Liebility Company." "L.L.C.," or "L.L.")	·
1 (Name of Foreign Lunited Liability Company; must i		· · · · · · · · · · · · · · · · · · ·
1 (Name of Foreign Lunited Liability Company; must i	nelude "Limited Liebility Company." "L.L.C.," or "LLC.") ng business in Florida. The slatnate anne must include "Limited Liability Comp	pany, * * L L C, * or ** LLC. *)
(If nume unavailable, enter alternate toume adopted for the purpose of manasactin	ng business in Florida. The slitemate name must include "Limited Liability Comp	pany," "L1C," or "LLC.")
(Name of Foreign Limited Liability Company; must i (If nume unavailable, enter alternate same adopted for the purpose of manazetic Delaware	ng business in Florida. The clusterate anne must include "Limited Liability Cours	
(If nume unavailable, enter alternate toume adopted for the purpose of manasactin	ng business in Florida. The clusterate anne must include "Limited Liability Cours	
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(Name of Foreign Lumited Lubbility Company: must i (If mme unavailable, enter stremate tame adopted for the purpose of manazetic Delaware 2	ag business in Florida. The elternate name must include "Limited Liability Comp 3	

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

Name:	Corporation Service Company			das 10	:
Office Address:	1201 Hays Street			1	
	Tailabassec	32301)]] []	с) -
	(City)	(Zrp code)	Ст.; т.	0	

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.

Christe Push (Registered agent's signature)

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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: Legacy Tower MWC Mezz, LLC	Manager 🗌	Name:	
Member	Address: 1010 NE 2nd Avenue	🗌 Member	Address:	·
Authorized	Miami, Florida 33132	Authorized		
Person		Person		
Other	Other	Other		Other
;				· · ·
Manager	Name:	🗌 Manager	Name:	<u>.</u>
Member (Address:	🗌 Member	Address:	: :
Authorized		Authorized	·	
Person		Person		;
Other	Other			Other
;				1
Manager	Name:	🗌 Manager	Name:	
Member	Address:	Member	Address:	· · · · · · · · · · · · · · · · · · ·
Authorized		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. Nonindexed 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.

<u>/s/Daniel Kodsi</u>	
	Signature of an authorized person
Daniel Kodsi	
··········	Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY MWC PARKING 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 ELEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY MWC PARKING LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2021.

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



6155608 8300 SR# 20212944264

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

JUTTY W. Bullock, Becaulary of State

Authentication: 203892249 Date: 08-11-21

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