MJ100012556

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Office Use Only

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COVÉR LETTER

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ГO:	Registration Section
	Division of Corporations

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3050 BISCAYNE HOLDINGS, LLC

SUBJECT: _

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:

RITA M. RICO

Name of Person

C/O CRESCENT HEIGHTS

Firm/Company

2200 BISCAYNE BOULEVARD

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

RRICO@CRESCENTHEIGHTS.COM

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

For further information concerning this matter, please call:

RITA M. RICO		305	374-5700
		at ()
Name of	Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Se	ction
Division of Corporation	ons	Division of Co	rporations
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, FL 32314	1	2415 N. Monro	be Street, Suite 810
,		Tallahassee, FI	L 32303
Enclosed is a check for the	following amount:		
Please make check payabl		IMENT OF STAT	Έ
	□ \$130.00 Filing Fee &		

Certificate of Status

Certified Copy

of Status & Certified Copy



Gliylaodi Returned CofE dated glisisozi

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2021

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RITA M RICO 2200 BISCAYNE BLVD MIAMI, FL 33137

SUBJECT: 3050 BISCAYNE HOLDINGS, LLC Ref. Number: W21000116416

We have received your document for 3050 BISCAYNE HOLDINGS, LLC and your check(s) totaling \$475.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 221A00020341

RECEIVED SEP 17 2021

www.sunbiz.org

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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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	LDINGS, LLC Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")			
	name adopted for the purpose of transacting business in Flo					
f name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liability Company	," "I.I.C," of "ELC.		
DELAWARE		-	27-1867290			
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3	(FEI number, if applicable)			
02/2010						
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	registratio ne penalty	n.) Hability}			
2200 BISCAYNE BOULEVARD		6.	2200 BISCAYNE BOULEVARD			
itreet Address of Principal Office)			(Mailing Address)	<u> </u>		
MIAMI, FLORIDA 33137			IIAMI, FLORIDA 33137			
. Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)			
			ر. د			
	JONATHAN NEWBERG					
			•.			
Name:						
Name:						
Name: Office Address:	2200 BISCAYNE BOULEVARD		۰۰ لک	•		

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.

(City)

(Zip code)

(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: MARISA GALBUT	□Manager	Name: CHANTAL DEVOS
□Member	Address: 2200 BISCAYNE BLVD	Member	Address: 2200 BISCAYNE BLVD
□Authorized	MIAMI, FLORIDA 33137	□Authorized	MIAMI, FLORIDA 33137
Person	<u>.</u>	Person	
PRES	Other	VP ■Other	Other
□Manager	JONATHAN NEWBERG	□Manager	SHLOMO DACHOH
□Member	Address: 2200 BISCAYNE BLVD	□Member	Address: 2200 BISCAYNE BLVD
□Authorized	MIAMI, FLORIDA 33137	□Authorized	MIAMI, FLORIDA 33137
Person		Person	
VP Other	Other	SEC	Other
□Manager	PABLO DE ALMAGRO Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	MIAMI, FLORIDA 33137	Authorized	. <u></u>
Person		Person	
TREAS	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.

Signature of an authorized person JONATHAN NEWBERG, as VP

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3050 BISCAYNE 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3050 BISCAYNE HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2010.

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



Authentication: 204142225 Date: 09-13-21

4786758 8300 SR# 20213228711

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