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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120060000067 Phone : (845)425-0077 Fax Number : (845)818-3598

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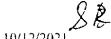
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Foreign Limited Liability Company 5th Avenue South Holdings GP LLC

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Help



To: +18506176383 Page: 2 of 4 2021-10-12 15:00:49 GMT 18886118813 From: Vcorp Services, LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 5th Avenue South Hold (Name of Foreign)	ings (1) LLC Imited Liability Company; must include "Limited	Liability Company, "Ll., C.," c	or "HC";		_	
•						
(If name mayadable, enter alternate is	ame adopted for the purpose of transceting business in Flo	sida. The alternate name must metal	le "Lunted Lability Company."	" "L L C." c		
Delaware						
_ ` ` `	nich toreign limited liability company is organized)	3	(ELI number, il applicable)		_	
Ourisdiction under the law of w	nich foreign limited liability company is organized;		(tris number, it appressor)			
4	(Date first transacted business in Florida, if prior to tage (See Sections 605 0004 & 605 0005; F.S. to determine	egistration) ne penalty liability)				
1674 Meridian Avenue, Suite 401		1674 Meridian Av				
5. (Street Address of Pemerpal Office)	· · · · · · · · · · · · · · · · · · ·	6(Mailing Address)			_	
Miami Beach, FL 3314	0	Miami Beach, FL	33140			
			·			
				SEC TA	1021	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			001	42
	V Services III C			AHASSE	2021 OCT 12	<u></u>
Name:	Veorp Services, LLC			SS		9 9 1
	5011 South State Road 7, Suite 106			THE P	PH	· ·
Office Address:				프론	2: 50	700
	Davie	. Florida	3314	m	0	
	(City)	, , rightai	(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.

gar But

18886118813

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: 5th Avenue South JV ELC	∐Manager	Name: J. Jay Lobell
□Member	Address:	□ Member	Address: 1674 Meridian Avenue, Ste 401
□Authorized	Miami Beach, FL 33140	XAuthorized	Miami Beach, FL 33140
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Mark Hunt	∏Manager	Name:
□Member	Address: 516 E. Hyman, 2nd Floor	□ Member	Address:
∆Authorized	Aspen, CO 81611	Authorized	
Person		Person	
∃Other		_Other	Other
		_	
⊡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. Non-indexed individuals may be added to the index when filling 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.

Signatule of un authorized person

J. Jay Lobell
Typed or printed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "5TH AVENUE SOUTH HOLDINGS GP 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5TH AVENUE SOUTH HOLDINGS GP LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2021.

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



Authentication: 204385938

Date: 10-12-21