

M21000013492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

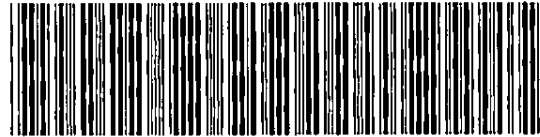
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800373723338

APPROVED
AND
FILED

2021 OCT 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL 32399

RECEIVED

2021 OCT 13 PM 1:00



OCT 14 2021
K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/13/2021

****WALK IN****

ENTITY NAME CREA KISSIMMEE LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. CREA KISSIMMEE 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 55 Broadway, Suite 424 6. 55 Broadway, Suite 424
(Street Address of Principal Office) (Mailing Address)
New York, NY 10006 New York, NY 10006

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

Name: Platinum Agent Services LLC
Office Address: 155 Office Plaza Dr
Tallahassee 32301
_____, Florida _____
(City) (Zip code)

APPROVED
AND
FILED
2021 OCT 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

/S/ Steven Friedman
(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:**

☐ Manager Name: Joel Landau

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

☒ Other Managing Director ☐ Other _____

☐ Manager Name: Jonathan Kirschner

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Brady Bush

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

☒ Other Head of Acquisitions ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Leo Friedman

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

☒ Other Managing Director ☐ Other _____

☐ Manager Name: Elliot Schwab

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

☒ Other General Counsel ☐ Other _____

☐ Manager Name: Ruben Godinez

☐ Member Address: 55 Broadway, Suite 424

☐ Authorized New York, NY 10006

Person _____

Associate

☒ Other General Counsel ☐ 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.

/s/ Ruben Godinez

Signature of an authorized person

Ruben Godinez

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREA KISSIMMEE 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 "CREA KISSIMMEE LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

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



6298051 8300

SR# 20213488431

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204387477

Date: 10-12-21