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COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/18/2021	
Name:	Chris Vick	_
	#:1500482	<u> </u>
		TH STREET LLC
Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
☐ Cha	nge of Agent	
Reir	nstatement	
Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Othe	erCERTIFII	ED COPY UPON FILING
Authorized Signature:	Amoun: \$155.00	

F: 800.944.6607

COVER LETTER

TO:

	Registration Section Division of Corporations	
SUBJE <i>C</i>	GROOT 8TH STREET LLC	
Jonare		ame of Limited Liability Company
The enclo Existence,	sed "Application by Foreign Limited Liabil, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please ren	urn all correspondence concerning this matt	er to the following:
	Jackson Lamb	
		Name of Person
	Litttman Krooks LLP	
		Firm/Company
	655 Third Avenue, 20th Floor	
		Address
	New York, NY 10017	
		City/State and Zip Code
	jlamb@littmankrooks.com	
	E-mail address: (t	o be used for future annual report notification)
For furthe	er information concerning this matter, please	: call:
Jackson Lamb		212 490-2987
-	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the following amount Please make check payable to: FLORIDA I \$125.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE

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 RESIDENCE IN THE STATE OF FLORIDA:

						_
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must incl	ude "Limited Lisbility	/ Companý," "L.L.C," or "I	LLC.")
Delaware		3.				_
2. (Jurisdiction under the law of which foreign limited liability company is organize			(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penulty liability)			_	
1680 Meridian Avenue	e, Suite 303	1680 Meridian Avenue, Suite 303				
Street Address of Principal Office)		6. (Mailing Address)				
Miami, Florida 33139		Miam	i, Florida 3	3139		
						•
					140 6	3
					CARLA LA	<u>-</u>
Name and street addres	ss of Florida registered agent: (P.O. Box	NO I accepta	101 c)		T 19 TARY TASSE	
	Cogency Global Inc.				$CD_{i\rightarrow j}$	ŗ
Name:			-		PH I	C
Office Address:	115 North Calhoun Street, Suite 4				5.5	
Office Audiess.	77.11.1		-		28 11:	
	Tallahassee		, Florida	32301	_	
	(Ciry)			(Zip code)		

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.

(Régistere) 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Groot 8th Street Management LLC Groot Hospitality Holdings, LLC Manager □ Manager c/o David S. Grutman c/o David S. Grutman Address: ☐ Member Member 1680 Meridian Avenue, Suite 303 1680 Meridian Avenue, Suite 303 □ Authorized □ Authorized Miami Beach, Florida 33139 Miami Beach, Florida 33139 Person Person Other____ □ Other □Other___ Other____ David S. Grutman □Manager Name: _____ □Manager 1680 Meridian Avenue, Suite 303 Address: _____ Address: □ Member □ Member Miami Beach, Florida 33139 Authorized □ Authorized Person Person □Other____ □Other_____ Other__ □Other Name: _____ Name: _____ □Manager Address: □Member ☐ 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. Signature of an authorized person David S. Grutman Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GROOT 8TH STREET 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROOT 8TH STREET LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204439496

Date: 10-18-21

6242297 8300 SR# 20213541441