

From: Olive | Judd, P.A.
10/20/21, 5:10 PM

Fax:

To: 18506176383@rcftax.com Fax: (850) 617-6383

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Division of Corporations

M21000013978
Florida Department of State
Division of Corporations
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Account Number : I20200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

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TALLAHASSEE, FL

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****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
6971 N. Federal II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2021 OCT 21 AM 7:10

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TALLAHASSEE, FLORIDA

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SR

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: 6971 N. Federal II, LLC**

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:

Nicholas Wolfe

Name of Person

6971 N. Federal II, LLC

Firm/Company

6971 N. Federal Highway, Suite 100

Address

Boca Raton, FL 33487

City/State and Zip Code

info@seniorinformationcenters.com

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

For further information concerning this matter, please call:

Nicholas Wolfe

Name of Contact Person

at (561)

Area Code

998-6039

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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:*

1. 6971 N. Federal II, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

October 11, 2021

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

6971 N. Federal Highway, Suite 100

5. (Street Address of Principal Office)

6. 1200 S. Rogers Circle, #4
(Mailing Address)

Boca Raton, FL 33487

Boca Raton, FL 33487

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

Name: Nicholas Wolfe

Office Address: 6971 N. Federal Highway, Suite 100

Boca Raton, Florida 33487
(City) (Zip code)FILED
2021 OCT 21 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FL**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.*

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Nicholas Wolfe	<input type="checkbox"/> Authorized	_____
Person	6971 N. Federal Highway, Suite 100	Person	_____
	Boca Raton, FL 33487		_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
 <input type="checkbox"/> Member	 Address: _____	 <input type="checkbox"/> Member	 Address: _____
 <input type="checkbox"/> Authorized	 _____	 <input type="checkbox"/> Authorized	 _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
 <input type="checkbox"/> Member	 Address: _____	 <input type="checkbox"/> Member	 Address: _____
 <input type="checkbox"/> Authorized	 _____	 <input type="checkbox"/> Authorized	 _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Nicholas Wolfe

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Typed or printed name of signer

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State of Delaware
Secretary of State
Division of Corporations
Delivered 04:39 PM 10/05/2021
FILED 04:39 PM 10/05/2021
SR 20213433187 File Number 6284334

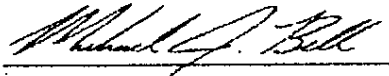
CERTIFICATE OF FORMATION
OF
6971 N. Federal II, LLC
A DELAWARE SERIES LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is: 6971 N. Federal II, LLC

SECOND: The Corporation's registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

THIRD: The limited liability company is established pursuant to the Delaware Limited Liability Company Act (the "Act") and, pursuant to Section 18-215 or Section 18-218 of that Act, may establish separate and distinct series of members, managers, and interests, each having separate rights, powers or duties with respect to specified property or obligations of the limited liability company or profits and losses associated with specified property or obligations. The debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the limited liability company generally or any other series thereof, and none of the debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to the limited liability company generally or any other series thereof shall be enforceable against the assets of such series. These series may be established as "protected series" or "registered series" as such terms are used in the Act.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this October 05, 2021.



Harvard Business Services, Inc., Authorized Person
By: Michael J. Bell, President

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