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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
DACPF MANAGER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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STATE OF FLORIDA

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STATE OF FLORIDA

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Corporate Filing Menu

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S. HAWKES

NOV - 2021

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. DACPF MANAGER 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

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

3. _____

(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)

1475 NORTH VIEW DRIVE

5. _____
(Street Address of Principal Office)

MIAMI BEACH, FLORIDA 33140

1475 NORTH VIEW DRIVE

6. _____
(Mailing Address)

MIAMI BEACH, FLORIDA 33140

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

Name: _____

INCORPORATING SERVICES, LTD., INC.

Office Address: _____

1540 GLENWAY DRIVE

TALLAHASSEE

(City)

32301

(Zip code)

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TALLAHASSEE, FL
STATE

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/Melissa O. Moreau - Assistant Secretary
(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]:

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

☒ Manager Name: ALEX KLEYNER

☐ Member Address: 1475 NORTH VIEW DRIVE

☐ Authorized MIAMI BEACH, FLORIDA 33140

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JORDAN KAREN

☐ Member Address: 1475 NORTH VIEW DRIVE

☐ Authorized MIAMI BEACH, FLORIDA 33140

Person _____

☒ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: DIANA ULIS

☒ Member Address: 1475 NORTH VIEW DRIVE

☐ Authorized MIAMI BEACH, FLORIDA 33140

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: MICHAEL GOLDENBERG

☐ Member Address: 1475 NORTH VIEW DRIVE

☐ Authorized MIAMI BEACH, FLORIDA 33140

Person _____

☒ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Lawrence A. Kirsch

Signature of an authorized person

LAWRENCE A. KIRSCH

Typed or printed name of signer

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Delaware

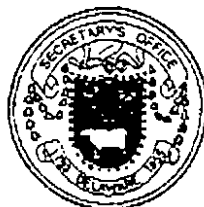
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DACPF MANAGER 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 EIGHTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DACPF MANAGER LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2021.

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



6359578 8300

SR# 20213732477

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204626945

Date: 11-08-21

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