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Florida Department of State
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**Foreign Limited Liability Company
CRE-KL ANTILLIA OWNER, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

S. FRANKLIN
NOV 09 2021

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INTEGRATED FLORIDA

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. CRE-KL ANTILIA OWNER, 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. 87-3313619
(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. 105 NE 1st Street 6. 105 NE 1st Street
(Street Address of Principal Office) (Mailing Address)
Delray Beach, Florida 33444 Delray Beach, FL 33444

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (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.

Corporation Service Company

By: /s/ Charlene Sati
Charlene Sati, (Registered agent's signature)
Asst. Secretary

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: Robert L. Julien	<input type="checkbox"/> Manager	Name: Howard Irbstein
<input type="checkbox"/> Member	Address: 105 NE 1st Street	<input type="checkbox"/> Member	Address: 105 NE 1st Street
<input type="checkbox"/> Authorized	Delray Beach, FL 33444	<input type="checkbox"/> Authorized	Delray Beach, FL 33444
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Thomas E. Wagner	<input type="checkbox"/> Manager	Name: Joseph P. Sciacca
<input type="checkbox"/> Member	Address: 105 NE 1st Street	<input type="checkbox"/> Member	Address: 105 NE 1st Street
<input type="checkbox"/> Authorized	Delray Beach, FL 33444	<input type="checkbox"/> Authorized	Delray Beach, FL 33444
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Derek N. Sudan	<input type="checkbox"/> Manager	Name: CRE-KL Resi Holdco, LLC
<input type="checkbox"/> Member	Address: 105 NE 1st Street	<input checked="" type="checkbox"/> Member	Address: 105 NE 1st Street
<input type="checkbox"/> Authorized	Delray Beach, FL 33444	<input type="checkbox"/> Authorized	Delray Beach, FL 33444
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<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.

/s/ Robert L. Julien

Signature of an authorized person

Robert L. Julien

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRE-KL ANTILLIA OWNER, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRE-KL ANTILLIA OWNER, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2021.

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

2021 NOV - 8 PM 2:25



A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

6335884 8300

SR# 20213643990

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

Authentication: 204539536

Date: 10-28-21

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