## M21000015283

(f	Requestor's Name)					
(/	Address)					
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(0	City/State/Zip/Phone #)					
☐ 54CK-N5	WAIT MAIL					
(1	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
WZ-	- 146996					



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1989 SUNNY COURT LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Cinantum	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date T	UCC    Retrieval
Walk-In Will Pick Up	Courier

## 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:

name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The	dernate name must include "Limited Liab	ility Company," "L.L.C," or "I	.1 C
Delaware		Annlied For			_
(Jurisdiction under the law of which foreign limited liability company is organized)		٠٠٠	(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	registration	) (ability)	<del></del>	
(See sections 605,0904 & 605,0905, P.S. to determine 29169 Heathercliff Road rect Address of Principal Office)			29169 Heathercliff Road (Mailing Address)		-
Suite 212			Suite 212		_
Malibu, California 9026	35		Malibu, California 90265		_
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	2021 NOV SECRET	
Name:	Orlando Cicilia, Esq.			BSS THE ALERT	7 1
Office Address:	10800 Biscayne Blvd, Suite 700			## 7: (F.S.).;	Ö
	Miani		33161 , Florida	5 <b>6</b>	

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.

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:	Title or Capacity:		Name and Address:	
□Manager	Name: 301 Ocean A LLC	⊡Manager	Name:		
<b>≣</b> Member	Address: 29169 Heathercliff Road	□Member	Address:		
□Authorized	Suite 212, Malibu. California 90265	□Authorized			
Person		Person			
□Other	Other	□Other		□Other	
□Manager	Name:	⊒Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other	<del></del>	□Other	
□Manager	Name:	⊡Manager	Name:		
□Member	Address:	□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. 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

Zan Marquis, as Manager of 301 Ocean A LLC

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "1989 SUNNY COURT, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1989 SUNNY COURT, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2021.

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

e at corn delaware gov/auth

Authentication: 204687843

Date: 11-15-21