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Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	249296	4305390	
	AUTHORIZATION	:	Lorell	See and	
	COST LIMIT	:	\$ 125.00	dena	
				<del></del>	
ORDER DATE :	November 16, 202	1			
ORDER TIME :	1:48 PM				
ORDER NO. :	249296-010				
CUSTOMER NO:	4305390				
			<b></b>		
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	929 FLORIDA-M	EAD	OOW LLC		
XXXX OUALIFI	CATION (TYPE: L	L)			

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0922, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of Foreign	Limited Liabiley Company, must include "Limited	Liability Company," "LLC," ox "LLC")	
1300 a to bushing and a large	name saluned for the purpose of Hantaching Barness in Flor		uble Company 1.1 L C 10/11
	летт вократо по старограм общальных вед фармет се Flo	ida. The allier raise assine music includes . Comited Com	introduction in the second control in the se
Delaware		1	
Usersdrator under the law of	which foreign limited liability (Ortiple) is organized)	3IFEI =write	argischale)
	(Date first maniscood business in highes, if pind to re (See sections 603-0904 & 603-090), F. S. to determine	gritance ) exemply history)	- <del></del>
162 E Inlet Drive		162 E Inlet Drive	
rem Address of Principal Citical	<del></del>	6Alanhag Address;	
Palm Beach, FL 33	480	Palm Beach, FL 33480	
	<del></del>		· · · · · · · · · · · · · · · · · · ·
		<del></del>	
		NOT committee	: ÷
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	INOT acceptable)	
	David Shulman		
Name:		<del></del>	
	162 E Inlet Orive		3.
Office Address:		<del></del>	
	Palm Beach	33480 , Florida	
	(O(y)	(Zip cods)	<del></del>

Registered agent's acceptance:

Having been nemed 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 pignature

David Shulman

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: Title or Capacity: Name and Address: 929 Florida, LLC □ Manager □Manager 162 E Inlet Drive Address: **i** Member Member Palm Beach, FL 33480 □ Authorized □ Authorized Person Person □ Other □ 0 ther\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_ □ Manager Name: \_\_\_\_\_ □ Manager ☐ Member Address: □ Meinber Address \_\_\_\_\_ ☐ Authon zed [] Authorized Person Other\_\_\_\_ □ Other\_\_\_\_\_ Other ∐ Other ☐ Manager ☐ Manager Name: \_\_\_ 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. 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 assistanced person David Shulman

Typed or princed name of signes

Page 1



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

DELAWARE, DO HEREBY CERTIFY "929 FLORIDA-MEADOW 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "929 FLORIDAMEADOW LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D.
2021.

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

Authentication: 204701972

Date: 11-16-21

6340783 8300 SR# 20213809540