M21000016080

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





900373315369

12/01/21--01005--006 **125.00

2021 DEC - 1 AM 10: 3

RECEIVED

2021 DEC -1 PH 12: 40

V. Bumples

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALKIN						
		PICK 1	UP:	12/1 DANNY			
	XX	CERTIFIED COPY PHOTOCOPY CUS					
	XX	FILING	FORI	EIGN			
1.		GLADES QOZB I LLC (CORPORATE NAME AND DOCUME	NT #1				
2.							
3.		(CORPORATE NAME AND DOCUME	,				
4.	-	(CORPORATE NAME AND DOCUME)					
5.	-	(CORPORATE NAME AND DOCUME)					
6.	_	(CORPORATE NAME AND DOCUME)					
	CIAI TRU((CORPORATE NAME AND DOCUMEN L CTIONS:	NT #)				
							

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	GLADES QOZB I LLC						
	Name of Limited Liability Company						
The encl Existence	osed "Application by Foreign Limited Liabilie, and check are submitted to register the about	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida.					
Please re	turn all correspondence concerning this matte	er to the following:					
	Christian S. Bruno Esq.						
		Name of Person					
	Cozen O'Connor						
		Firm/Company					
	200 S Biscayne Blvd., Suite 3000						
		Address					
Miami, FL 33131							
		City/State and Zip Code					
	inromero@cozen.com						
	E-mail address: (to	be used for future annual report notification)					
For furthe	er information concerning this matter, please of	call:					
_	Marsha Romero	305 704-5940 at (
	Name of Contact Person	at () Area Code Daytime Telephone Number					
}] 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303					
F	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee	CPARTMENT OF STATE See & Sec					

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

IN COMPLANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LLIBILITY COMPANYTOTRAXSACTBUSINESS IN THE STATE OF FLORIDA: GLADES QUZBILLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name anavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "1.4. C." or "FLU" (Jurisdiction under the law of which foreign lumited liability company is organized) (FFI number, if applicable) 12/01/2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605/0904 & 605/0905, F.S. to determine penalty liability.) 1829-1857 Madison Street 4000 Ponce de Leon Blyd. (Street Address of Principal Office) (Mailing Address) Hollywood, FL 33020 Suite #470 Coral Gables, FL 33146 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Christian S. Bruno, Esq. Name: 200 S Biscayne Blvd., Suite 3000 Office Address: Miami

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 Avent's signature)

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: Seamus Lamb	■Manager	Name; Glades Capital LLC
□Member	Address: 4000 Ponce de Leon Blvd.	□Member	Address: 4000 Ponce de Leon Blvd.
■Authorized	Suite #470	□Authorized	Suite #470
Person	Coral Gables, FL 33146	Person	Coral Gables, FL 33146
□Other	□Other	□Other	L]Other
□Manager	Name: Steven Kates	□Manager	Name:
□Member	Address: 4000 Ponce de Leon Blvd.		Address:
■Authorized	Suite #470	□Authorized	
Person	Coral Gables, FL 33146	Person	
□Other	Other	[]Other	
ClManager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		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 onth 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

Christian S. Bruno

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GLADES QOZB I 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 THIRTIETH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLADES QOZB I LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2021.

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

eat corp delaware gov/aut

Authentication: 204821822

Date: 11-30-21

6224343 8300 SR# 20213931492