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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _		Name of Limited Liability Company				
		oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.				
Please return a	ll correspondence concerning this ma	atter to the following:				
	RITA M RICO					
		Name of Person				
	CRESCENT HEIGHTS					
	Firm/Company					
	2200 BISCAYNE BOULEVARD					
		Address				
	MIAMI, FŁORIDA 33137					
		City/State and Zip Code				
	RRICO@CRESCENTHEIGHTS.C	СОМ				
	E-mail address:	(to be used for future annual report notification)				
For further inf	ormation concerning this matter, plea	ase call:				
RITA	M RICO	305 374-5700 x 7221				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Pleas	sed is a check for the following amo e make check payable to: FLORIDA 25.00 Filing Fee	DEPARTMENT OF STATE				

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 of Foreign	IENTS HOLDINGS, LLC Limited Liability Company; must include "Limited Limited Liability Company".	Liability C	ompany,""L.L.C.," or "LLC	.")	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alte	rnate name must include "Limite	d Liability Company," "L	L.C." or "LLC."
DELAWARE (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	1-2419717 (FEI n	umber, if applicable)	
5/6/2016				_	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty lial	pility)		
2200 BISCAYNE BOU			000 BISCAYNE BOUL	EVARD	
MIAMI, FLORIDA 33	137	м —	IAMI, FLORIDA 3313	37	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	21 ROY	
Name:	JONATHAN NEWBERG)4 29	
Office Address:	2200 BISCAYNE BOULEVARD			AH IQ: 1 (151) 1 (157)	
	MIAMI		33137 , Florida	<u> </u>	
	(City)		(Zip code	c)	

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.

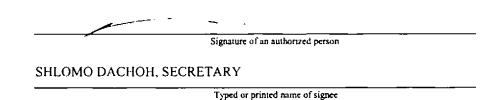
(Registered agent's signature)

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:	□Manager	Name: Michael Sheitelman
□Member	Address: 2200 Biscayne Blvd	□Member	Address: 2200 Biscayne Blvd
□Authorized	Miami, FL 33137	□Authorized	Miami, FL 33137
Person		Person	
Other P	Other	■Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 2200 Biscayne Boulevard	□Member	Address: 2200 Biscayne Blvd
□Authorized	Miami, FL 33137	□Authorized	Miami, FL 33137
Person		Person	
Other	Other	■Other	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.



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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1100 WEST INVESTMENTS HOLDINGS, 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 FIFTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1100 WEST INVESTMENTS HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

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

Authentication: 204615529

Date: 11-05-21

6027311 8300 SR# 20213721396