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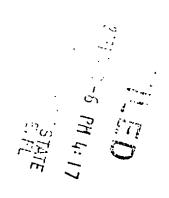
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Certified Copies	_ Certificates	s of Status
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S. HAWKES

10 E. Stow Road, Suire 250 Marlton, NJ 08053 (856) 382-8550 www.lexnovalaw.com



Markley S. Roderick, Esquire Member of the NJ and PA Bar Direct Dial (856) 382-8402 mroderick@lexnovalaw.com

November 30, 2021

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: North Dade OD LLC

Dear Sir/Madam:

Enclosed please find Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above listed entities and our firm's check in the amount of \$125.00 payable to Florida Department of State.

Please forward the letters of acknowledgement to my attention upon completion of registration

Thank you in advance.

Very truly yours.

Lex Nova Law, LLC

Markley S. Roderick

MSR/jae

Enclosures

4862-0522-8037, v. 1

COVER LETTER

TO:

Registration Section

BJECT: _	Name	e of Limited Liability Company
e enclosed ' stence, and	'Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
ase return a	all correspondence concerning this matter to	o the following:
	Jill Ezzi	
		Name of Person
	Lex Nova Law, LLC	
		Firm/Company
	10 E. Stow Road, Suite 250	
		Address
	Marlton, NJ 08053	
	C	Sity/State and Zip Code
	jezzi@lexnovalaw.com	
	· ·	e used for future annual report notification)
r further inf	ormation concerning this matter, please ca	11:
Jill E	7.7.Zi	267 792-3310 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ing Address:	Street Address:
_	stration Section	Registration Section
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810
i alli	anassee, 1 L 32317	Tallahassee, FL 32303
	osed is a check for the following amount:	

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 n	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Company," "L.L.C." of
Delaware		\$7-3625220 3
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F,S, to determine	egistration.) se penalty liability)
567 San Nicolas Drive.	, Suite 450	567 San Nicolas Drive, Suite 450
eet Address of Principal Office)		6. (Mailing Address)
Newport Beach, CA 92	2660	Newport Beach, CA 92660
<u></u>		
	····	
Name and street addres	ss of Florida registered agent: (P.O. Box	
Name and street address		
Name and street address Name:		
Name:	ss of Florida registered agent: (P.O. Box	
	ss of Florida registered agent: (P.O. Box CT Corporation System	

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.

Nichol McCroy, 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Douglas O'Donnell Name: _____ □ Manager **■** Manager 567 San Nicolas Drive Address: __ Address: □Member □Member Suite 450 ☐ Authorized □ Authorized Newport Beach, CA 92660 Person Person □Other □Other □Other □Other_____ Name: ______ □Manager Name: ☐ Manager Address: _____ □Member ☐ Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other______ □Other _____ □Other______ Name: □Manager Name: _____ □Manager Address: ____ □Member ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □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 authorized person

Douglas O'Donnell

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NORTH DADE OD 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.



Authentication: 204708545

Date: 11-16-21