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(((H210004570573)))



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Т	o	:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

17	Address:			

Foreign Limited Liability Company PANTHER BISCAYNE LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

S. FRANKLIN

DEC 17 2021

H21000457057 3

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

1. Panther Biscayne LLC (Name of Foreign)	Limited Liability Company; must include "Limited I	Lability Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate o	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lie	ability Company," "L.L.C," or "LLC.")		
Delaware 2.		3.	70		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI numb	H T		
4.					
	(Date first transacted business in Florida, if prior to re; (See sections 605.0904 & 605.0905, F.S. to determine	duration.) penalty liability)	The second second		
1172 South Dixic Highway		1172 South Dixic Highway			
5. (Street Address of Principal Office)		6. (Mailing Address)	75 2		
Suite 502		Suite 502			
Coral Gables, FL 33146		Coral Gables, FL 33146			
7. Name and street addres	is of Florida registered agent: (P.O. Box.)	NOT acceptable)			
Name:	Jeff Krinksy				
Office Address:					
	Coral Gables	33146 Florida			
(City)		(Zip code)	· 		

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.

0.46	in her
JU K	(Registered agent's signature)

H21000457057 3

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: Jeff Krinsky	□Manager	Name:		
□Member	Address:1172 South Dixic Highway	□Member	Address:		
Authorized	Suite 502	□Authorized			
Person	Coral Gables, FL 33146	Person			
Other	Other	Other		□ Other	
☐Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:	2022 DEC	
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other	_	□Other □	
				22 F. J.	
□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.

Gafff Krinsky
Signature of an authorized person

takk Malandari

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PANTHER BISCAYNE 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 DECEMBER, A.D. 2021.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "PANTHER BISCAYNE LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204991217

Date: 12-15-21

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