## M21000017632

(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:						





900376720049

S. ROBERTS DEC 2 7 2021

## **COVER LETTER**

TO:		ation Section n of Corporations						
SUBJE		erena at Delray, LLC						
	Name of Limited Liability Company							
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please	return all	correspondence concerning this matter to	o the following:					
		Ruth A. Cordes						
	Name of Person							
		DLA Piper LLP (US)						
	Firm/Company							
444 W. Lake St., Ste. 900 Address								
							Chicago, IL 60606	
City/State and Zip Code								
		Chris.Galvanauskas@us.dlapiper.co	m					
	-	E-mail address: (to be	used for future annual report notification)					
For furt	ther infor	mation concerning this matter, please cal	l:					
Ruth A. Cordes		. Cordes	312 368-2151 at ( )					
		Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section		Street Address: Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP .00 Filing Fee	& 🗏 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate					

## 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:

L. Verena at Delray, LL			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company, "L.L.C.," or "	ILC.")
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "L	mited Liability Company," "L.L.C," or "LLC.")
Delaware 2.	hich foreign limited liability company is organized)	86-1539890 3	FEI number, if applicable )
(Junyalienan insum the inw	nich foreign finnica flaointy company is organized)	u	ret number, if applicable)
4	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	rgistration } te penalty liability)	<del></del>
303 W. Madison St. 5. (Street Address of Principal Office)		6. (Mailing Address)	
Ste. 1500		Ste. 1500	
Chicago, IL 60606		Chicago, IL 60606	2021 ( 550 17A
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	DEC 27
Name:	Corporation Service Company		PH 2:
Office Address:	1201 Hays Street		20 20
	Tallahassee	3230 , 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.

Corporation Service Company

By: 

(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: Andrew C. Alexander	□Маладег	Name: James A. Pusateri	
□Member	Address: 380 Park Place Blvd.	□Member	Address:380 Park Place Blvd.	
□Authorized	Suite 225	□Authorized	Suite 225	
Person	Clearwater, FL 33759	Person	Clearwater, FL 33759	
Vice Chair	man Other	■Other	■Other_President	
□Manager	Name: Braden L. Rudolph	□Manager	Name: Mark K. Engel	
□Member	Address: 303 W. Madison St.	□Member	Address: 303 W. Madison St.	
□Authorized	Ste. 1500	□Authorized	Ste. 1500	
Person	Chicago, IL 60606	Person	Chicago, IL 60606	
■Other	lent Other	Other Vice Presid	ent Treasurer	
□Manager	Name:	□ Manager	Name:	
	Address: 303 W. Madison St.			
☐Authorized	Ste. 1500	□Authorized	Address:	
Person	Chicago, IL 60606	Person		
Other Vice Presid	ent Secretary	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.

Signature of an authorized person

Mamie Helfand

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "VERENA AT DELRAY, 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERENA AT DELRAY, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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



Authentication: 205085186

Date: 12-27-21

6448157 8300 SR# 20214220511