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Division of Corporations

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**Foreign Limited Liability Company**  
**1809 BRICKELL PROPERTY OWNER, LLC**

Certificate of Status	0
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S. HAWKES

DEC - 2021

# 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:

1. 1809 BRICKELL PROPERTY OWNER, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(If EI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 2850 Tigertail Avenue, Suite 800  
(Street Address of Principal Office)

6. 2850 Tigertail Avenue, Suite 800  
(Mailing Address)

Miami, FL 33133

Miami, FL 33133

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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## 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.

Stephanie Hencz

(Registered agent's signature)

Stephanie Hencz Assistant Secretary

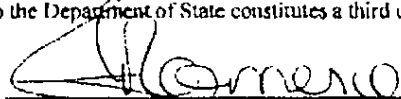
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jorge M. Perez</u>	<input type="checkbox"/> Manager	Name: <u>Jon Paul Perez</u>
<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>	<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Chairman/CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Matthew J. Allen</u>	 <input type="checkbox"/> Manager	Name: <u>Nicholas Perez</u>
<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>	<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Paulo Melo</u>	 <input type="checkbox"/> Manager	Name: <u>Nelson Stabile</u>
<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>	<input type="checkbox"/> Member	Address: <u>2850 Tigertail Avenue, Suite 800</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33133</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> 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

Naomi Romero, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1809 BRICKELL PROPERTY OWNER, 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-THIRD DAY OF DECEMBER, A.D. 2021.

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

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SR# 20214200374

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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