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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer.					

Office Use Only



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DEC \_ 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 351507 4303929
AUTHORIZATION Spelle man
COST LIMIT : \$ 160.00
ORDER DATE : December 27, 2021
ORDER TIME : 9:29 AM
ORDER NO. : 351507-005
CUSTOMER NO: 4303929
FOREIGN FILINGS
NAME: HIALEAH GARDENS PARTNERS II PROPERTY OWNER, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Hialeah Gardens Partners II Property Ow	mer. LLC
2000.		me of Limited Liability Company
		ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matte	r to the following:
	Linnete Trivett	
		Name of Person
	The Easton Group	
		Firm/Company
	10165 NW 19th Street	
	-	Address
	Doral, FL 33172	
		City/State and Zip Code
	Ltrivett@theeastongroup.com	
	E-mail address: (10	be used for future annual report notification)
For fur	ther information concerning this matter, please of	call:
Lenette Trivett		786 437-5806 at ( )
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  S125.00 Filing Fee S130.00 Filing F  Certificate	EPARTMENT OF STATE  Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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	Limited Liability Company; must include "Limited	d Liabilit	y Compa	my," "L.L.C.," or "LLC.")	=		
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The	alternate	name must include "Limited Li	ability Company,"	"IIC."	or "Ll.C.
Delaware							
2	hich foreign limited liability company is organized)	3.		(FEI nemb	2 1 11 :		
(Instruction under the law of w	men toreign innited trainity company is organized)			արան արդ	er, ii appiicaniei		
1.	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0908, F.S. to determi	registration ne penalty	a.) Třability)		<del></del>		
10165 NW 19 Street			10165	NW 19 Street			
Street Address of Principal Office)		υ,	(2)	Mailing Address)			
Doral, Florida 33172			Doral,	Florida 33172			
						n. 1	
						- <del>                                     </del>	
7 Nume and street address	s of Florida registered agent: (P.O. Box	NOT :	i co co entre	thle)	;	:	. :
. Name and street addres	s of Florida registered agent. (1.0. box	NOL	ассерна	ioie)		 	4- 4
					مهيد الع	သ	<u> </u>
Name:	Corporate Service Company				,	P:	j į į
	1201 11 - 6.				ි රා 	$\dot{\omega}$	المتعا
Office Address:	1201 Hays Street				PAR	PH 2: 56	
	Tallahassee			32301 , 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.

Clesses Weiland, assistant va president
(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: Hialeah Gardens Partners II, LLC □Manager □Manager Name: \_\_\_\_\_ Address: 10165 NW 19 Street **■**Member ☐Member Address: \_\_\_\_\_ Doral, FL 33172 □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other \_\_\_\_ □Other □Other \_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ □Member □Member Address: Address: ☐ Authorized Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Address: Address: ☐ Member ☐ 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. 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 Deborah Scherer, as authorized person

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 "HIALEAH GARDENS PARTNERS II 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-SEVENTH DAY OF

DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIALEAH GARDENS PARTNERS II PROPERTY OWNER, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2021.

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

Authentication: 205087791

Date: 12-27-21

6491611 8300 SR# 20214223375