Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000008262 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MARIN, ELJAIEK, LOPEZ & MARTINEZ, PL Account Name

Account Number : I20030000013 Phone

: (305)444-5969

Fax Number : (786)363-1992

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter quiy one entil address please. \*\*

## Foreign Limited Liability Company Threefold Caribbean Villas Member, LLC

Contributes of Status	1
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Page Count	06
Raimated Charge	\$130.00

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SHAMBERTS

JAN 11 2022

TO: Registration Section

### COVER LETTER

Div	ision of Corporations					
SUBJECT:	Threefold Caribbean Villas Member, LLC					
		Name of Limited Liability Company				
		oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this mi	atter to the following:				
	Santiago Eljaick III, Esq.					
	Name of Person					
	ERRA Registered Agents, LLC					
	Firm/Company					
	2601 South Bayshore Drive Suite 1800					
	<del> </del>	Address				
	Coconut Grove, FL 33133					
		City/State and Zip Code				
	SE@ERRALaw.com					
	E-mail address:	(to be used for future annual report notification)				
For further in	formation concerning this matter, ples	se call:				
San	itiago Eljaiek III	305 444-5969				
•	Name of Contact Person	Area Code Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations b. Box 6327 lahassec, FL 32314	Street Address Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Plea	•					

# 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 THE STAT

Threefold Caribbean V	Illas Member, LLC Limited Hability Company, wast include "Umiled List	of the Company, LLEC, or CEC,	<u>~</u>	ن
(If name unavailable, color alternate	name adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Liabil	lity Company," "L.L.C," or "	Lc.7
Delaware 2 (Jurisdiction wider the law of w	rkich foreign lanited liability company is organized)	3. (PE number,	f applicable)	٤
11/22/2021 4a:	Date that between the property to Phones and the party of		<del></del> ;	
c/o ERRA Registered Agents, LLC		c/o BRRA Registered Agents, LLC		
2601 South Bayshore	Drive, Suite 1800	2601 South Bayshore Drive, S	uite 1800	_
Coconut Grove, FL 33133		Coconut Grove, FL 33133		
7. Name and the source	<b>S</b> of Florida regist <b>ered agent:</b> (P.O. Box <u>NG</u>	Tacceptable)	2022 JAN 1 Segreta Tallah	
Name:	ERRA Registered Agents, LLC	<del></del>	IAN I I	
Office Address	2601 South Bayshore Drive, Suite 1800	<del></del>	AM E	
	Coconut Grove	33133 Florida	8: 24 45:38	المسيداة

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.

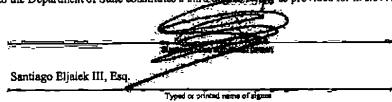
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Theor Caracter	Mann and definition.	Tile or Capacity	Mont and Allerta
□Manager	Name:	☐ Manager	Name:
Member	Address: 2601 S Bayshore Dr Suite 1800	□Member	Address:
□Authorized	Coconut Grove, FL 33133	□Authorized	<u></u>
Person		Person	
Other	□Other	□ Other	Other
□Manager	Name:	Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<del></del>	Person	<u></u>
		Other	Other
☐Manager	Namo	□ Manager	Namer,
□Member	Addresse	□Member	Address
□Authorized	<del></del>	☐ Authorized	-
Person	<del>*************************************</del>	Person	·
□Other _		□ Other.	Other

Inspectant 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 department as provided for in a.817.155, F.S.;



# Delaware The First State

Page 1

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF 'THREEFOLD CARIBBEAN VILLAS MEMBER, LLC', FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021, AT 1:20 O'CLOCK F.M.



Authentication: 204769569 Date: 11-23-21

6412040 8100 SR# 20213866737

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delgware
Secretary of State
Division of Corporations
Delivered 01:20 PM 11/22/2021
FILED 01:20 PM 11/22/2021
SR 20213866737 - FUe/fumber 6412040

## STATE of DELAWARE

# LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

of

### THREEFOLD CARIBBEAN VILLAS MEMBER, LLC

FIRST. The name of the limited liability company is:

### THREEFOLD CARIBBEAN VILLAS MEMBER, LLC

SECOND. The address of its registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, Delaware 19808. The name of its Registered Agent at such address is Corporation Service Company.

BY:
Santiago as De III As Authorized Person



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THREEFOLD CARIBBEAN VILLAS MEMBER, 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 NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THREEFOLD CARIBBEAN VILLAS MEMBER, LLC" WAS FORMED ON THE IWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204922094

Date: 12-09-21

6412040 8300 SR# 20214033648

You may verify this certificate online at corp.delaware.gov/authver.shtml