

M2200000591

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: MTP@MELLSWYERS.COM

Foreign Limited Liability Company
Threefold Caribbean Villas Member, LLC

Certificates of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

2022 JAN 11 PM 3:11

SECRETARY OF STATE

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. Threefold Caribbean Villas Member, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

Delaware

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (PEP number, if applicable)

11/22/2021

4. _____
(Date first transacted business in Florida, beginning 11/22/2021)
(See sections 605.0903, 605.0904, F.S. for international liability)

5. c/o ERRA Registered Agents, LLC 6. c/o ERRA Registered Agents, LLC
(Home Address of Principal Office) (Mailing Address)
2601 South Bayshore Drive, Suite 1800 2601 South Bayshore Drive, Suite 1800
Coconut Grove, FL 33133 Coconut Grove, FL 33133

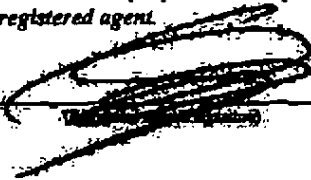
7. Name and address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ERRA Registered Agents, LLC
Office Address: 2601 South Bayshore Drive, Suite 1800
Coconut Grove Florida 33133
(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.



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:**

Manager Name: Threefold Caribbean Villas Partne

Member Address: 2601 S Bayshore Dr Suite 1800

Authorized Coconut Grove, FL 33133

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

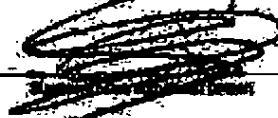
Person _____

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.



 Santiago Eljalek III, Esq.

Typed or printed name of signat

Delaware

Page 1

The First State

I, 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 P.M.



A handwritten signature in black ink, appearing to read 'JEFFREY W. BULLOCK', written over a horizontal line.

6412040 8100
SR# 20213866737

Authentication: 204769569
Date: 11-23-21

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:20 PM 11/22/2021
FILED 01:20 PM 11/22/2021
SR 20213866737 - FileNumber 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.

IN WITNESS WHEREOF, the undersigned, being the authorized person forming the Company, has executed this Certificate of Formation of this 22nd day of November, 2021.

BY:


Santiago ~~III~~ III ~~III~~ III
Authorized Person

Delaware

The First State

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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 TWENTY-SECOND DAY OF NOVEMBER, 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 be 'JWB', written over a horizontal line.

6412040 8300

SR# 20214033648

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

Authentication: 204922094

Date: 12-09-21