

M2200000593

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MARIN, ELJAIK, LOPEZ & MARTINEZ, PL  
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 only one email address please.\*\***

Email Address: MTP@MELLAWEYERS.COM

**Foreign Limited Liability Company  
Threefold Olas Azules Member, LLC**

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

2022 JAN 11 PM 3:12

ALL ATTACHED FILES

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2022 JAN 11 AM 8:31  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN 11 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Threefold Olas Azules Member, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Santiago Eljaiek III, Esq.

Name of Person

ERRA Registered Agents, LLC

Firm/Company

2601 South Bayshore Drive Suite 1800

Address

Coconut Grove, FL 33133

City/State and Zip Code

SE@ERRALaw.com

E-mail address: (to be used for future annual report filing)

For further information concerning this matter, please call:

Santiago Eljaiek III

305

444-5969

Name of Contact Person

Area Code

Daytime Telephone Number

Registration Section

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

# 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 Olas Azules Member, 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.")

Delaware

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

3. \_\_\_\_\_  
(FEI number, if applicable)

11/22/2021

4. \_\_\_\_\_  
(Date first limited liability company, Florida, is authorized to transact business)  
(See section 605.0904, Florida Statutes, F.S. for definition of limited liability)

c/o ERRA Registered Agents, LLC

c/o ERRA Registered Agents, LLC

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(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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2022 JAN 11 AM 8:31  
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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.

\_\_\_\_\_  
(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]:

<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>Threefold Olas Azules Partners H</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2601 S Bayshore Dr Suite 1800</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

Santiago Eljaiek III, Esq.

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 THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "THREEFOLD OLAS AEULES  
MEMBER, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF  
NOVEMBER, A.D. 2021, AT 1:13 O'CLOCK P.M.



6412056 8100  
SR# 20213866600

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

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

Authentication: 204769362  
Date: 11-23-21

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:13 PM 11/22/2021  
FILED 01:13 PM 11/22/2021  
SR 20213866600 - File Number 6412056

**STATE of DELAWARE**

**LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

*of*

**THREEFOLD OLAS AZULES MEMBER, LLC**

**FIRST.** The name of the limited liability company is:

**THREEFOLD OLAS AZULES 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 Eljaick III, Esq.**  
Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THREEFOLD OLAS AZULES 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 OLAS AZULES 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.



6412056 8300

SR# 20214033652

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

A handwritten signature in black ink, appearing to read "J. Bullock", written over a horizontal line.

Authentication: 204922097

Date: 12-09-21