(Requestor's Name)
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PICK-UP WAIT MAIL
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JAN 21 2022

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 411673 8276728									
AUTHORIZATION: Spelle le man									
COST LIMIT : \$ 125.00									
ORDER DATE : January 18, 2022									
ORDER TIME : 1:11 PM									
ORDER NO. : 411673-005									
CUSTOMER NO: 8276728									
FOREIGN FILINGS									
NAME: REGENER8 FARM AND RETREAT, LLC									
XXXX QUALIFICATION (TYPE: <u>LL</u>)									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING									

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:		ition Section of Corporations	S						
SUBJEC		ener8 Farm and I							
Name of Limited Liability Company									
The encl Existence	losed "Ar ee, and ch	pplication by Fore	ign Limited Liability Comp to register the above refere	any for Authorizat nced foreign limit	ion to Trai ed liability	nsact Business in Florida," Co company to transact business	ertificate of s in Florida		
Please re	eturn all c	correspondence co	oncerning this matter to the	following:					
		Jamie Mandel							
		-	Na	nne of Person					
DLC Capital Management, LLC									
Firm/Company									
		3921 Alton Roa	d #465						
				Address					
Miami Beach, FL 33140									
			City/St	ate and Zip Code	 -				
	J	jbmandel@dlccap	_						
	_	· -	E-mail address: (to be used	for future annual	report noti	ification)			
For furtl	her inforr	natio# concerning	this matter, please call:						
	Jamie N	landel		917 at (593-16-	1-1			
		Name of	Contact Person	Area Code	Dayı	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following amount: \$\Boxed{125.00} \\$\sigma \\$130.00 \text{ Filing Fee} \text{Certificate of Status}\$		☐ \$130.00 Filing Fee &			☐ \$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:

L. Regener8 Farm and Ret	reat, LLC					
(Name of Fore	ign Limited Liability Company	r; must include "Limited l	Liability Company," "L.L.C.," o	r "LLC.")		
Regener8 Farm, LLC						
(If name unavailable, enter alt Liability Company," "L.L.C."		urpose of transacting busi	ness in Florida. The alternate na	me must in	clude '	Limited
, Delaware		3. 87-222054				
(Jurisdiction under the law company is organized)	of which foreign limited liabili	iy	(FEI number, if applicable	2)		
4	(Date first transacted b	ousiness in Florida, if prio	r to registration)			
	(See sections 605.0904 &	£ 605.0905, F.S. to determ	nine penalty liability)			
5. 3921 Alton Road #465				_		
Miami Beach, FL 3314		ss of Principal Office)				
6. 3921 Alton Road #465	123	2022 JAN 18				
				二套鱼	Ä	<u>></u>
Miami Beach, FL 3314		iling Address)		-82	_	F> Ÿ
		-				<u>`</u> 689
7. Name and street addres	s of Florida registered agent		eptable)	E os	*	0 7/50
Name:	Corporation Service Comp	pany		97 27 27 27	-:	_
Office Address:	1201 Hays Street			• • •	~	
	Tallahassee		, Florida <u>32301</u>			
	(Cit	y) .	(Zip code)	—		
designated in this applicati	gistered agent and to acception. I hereby accept the an	pointment as registere	the above stated limited lial dagent and agree to act in the lete performance of my dutie Valord, assistent valoresectors	his capaci.	ŋ. If	urther agree
	<u> </u>	Registered agent's signatu	re)	_		
8. The name, title or capa DLC Capital Managemen	city and address of the pers	on(s) who has/have aut	hority to manage is/are:			
3921 Alton Road #465						
Miami Beach, FL 33140					_	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If	90 days old, duly authe the certificate is in a fo	nticated by the official having reign language, a translation of	g custody cof the certi	of reco	ords in the under oath
	lan	<u> </u>				
	Sign	nature of an authorized pe	rson	_		
This document is executed submitted in a document to	in accordance with section the Department of State co	605.0203 (1) (b), Florinstitutes a third degree	da Statutes. I am aware that ar felony as provided for in s.81	ny false inf 7.155, F.S	ormat	ion
	Jamie Mandel	-				

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REGENERS FARM AND RETREAT, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGENER8 FARM

AND RETREAT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D.

2021.

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

Authentication: 202416772

Date: 01-18-22