

**W22000001535**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

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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: corporate@zkslawfirm.com

2022 JAN 31 PM 3:14

**Foreign Limited Liability Company  
Kissimmee 97 Operator, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$125.00

S. FRANKLIN  
FEB 01 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KISSIMMEE 97 OPERATOR, 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.

N. DWAYNE GRAY, JR., ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E. ROBINSON STREET, SUITE 600

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

CORPORATE@ZKSLAWFIRM.COM

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

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For further information concerning this matter, please call

Eileen Soto, Legal Assistant

407

425-7010

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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. KISSIMMEE 97 OPERATOR, 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")

2. DELAWARE

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

3.

(FE number, if applicable)

UPON REGISTRATION

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

14407 SW 2nd Place, STE F-1

(Street Address of Principal Office)

Newberry, FL 32669

6.

14407 SW 2nd Place, STE F-1

(Mailing Address)

Newberry, FL 32669

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

Name. N. Dwayne Gray, Jr., Esquire

Office Address. 315 E. Robinson Street, Suite 600

Orlando

(City)

, Florida

32801

(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.

*N. Dwayne Gray, Jr.*

(Registered agent's signature)

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HALL COUNTY CLERK  
TALLAHASSEE, FL

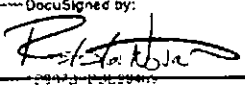
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Rostislav Novakovsy</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Charles Taylor</u>
<input type="checkbox"/> Member	Address: <u>14407 SW 2nd Place, STE F-1</u>	<input type="checkbox"/> Member	Address: <u>14407 SW 2nd Place, STE F-1</u>
<input type="checkbox"/> Authorized	<u>Newberry, FL 32669</u>	<input type="checkbox"/> Authorized	<u>Newberry, FL 32669</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

DocuSigned by:  
  
 Signature of an authorized person  
 Rostislav Novakovsy  
 Typed or printed name of signer

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 CLERK OF DISTRICT COURT  
 1ST DISTRICT  
 MIAMI, FL

# Delaware

The First State

Page 1

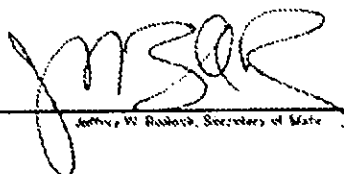
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KISSIMMEE 97 OPERATOR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KISSIMMEE 97 OPERATOR, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

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

FILED  
2022 JAN 31 PM 12:47  
TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

6519905 8300

SR# 20220307938

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

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Date: 01-31-22