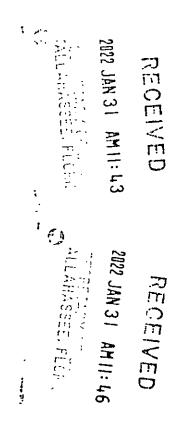
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(Requestor's Name)							
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S. HAWKES

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	1200000001	.95			
		REFERENCE	:	441904	7446854			
		AUTHORIZATION	:	in mich el	e rian			
		COST LIMIT	:	, ,				
ORDER	DATE :	January 28, 2022						
ORDER '	TIME :	10:36 AM						
ORDER :	NO. :	441904-005						
CUSTOM	ER NO:	7446854						
				-				
FOREIGN FILINGS								
	NAME:	EDEN LIVING W	EST	MELBOURNE,				
XXXX (QUALIFI	CATION (TYPE: <u>L</u>	<u>r</u>)					
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CONTAC	r person	N: Eyliena Baker		EXT#				

EXAMINER: _____

COVER LETTER

TO:

Registration Section Division of Corporations

ECT:		Living West Melbourne, LLC					
	Nam	ne of Limited Liability Company					
		Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flo					
e return all corresponde	nce concerning this matter t	to the following:					
		Kenneth Florio					
		Name of Person					
	G	Goodkind & Florio, P.A.					
		Firm/Company					
		12861 SW 68th Avenue					
		Address					
		Pinecrest, FL 33156					
	C	City/State and Zip Code					
		nberto@rivergatere.com					
	E-mail address: (to be	be used for future annual report notification)					
rther information conce	rning this matter, please ca	all:					
	Kenneth R. Florio	at (786) 713-5017					
Na	me of Contact Person	at (786) 713-5017 Area Code Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Sect		Registration Section					
Division of Corp	orations	Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 1	allahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check	for the following amount:						
		PARTMENT OF STATE					
X \$125.00 Filing Fe	e S130.00 Filing Fe	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPUANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(FEI number, i (FEI number, i (SW 31st Avenue, Sui ling Address)	f applicable)	I. C," or "	
(1 SW 31st Avenue, Sui	_		-
	te 2B		
	te 2B		
Coconut Grove, FL			•
Coconut Grove, FL 33133			
e)		7	
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		H 2: 1	
Florida 33156 (Zip code)	— — ——————————————————————————————————	30	
t and agree to act in t	his capacity.	I furth	ier agree
	Florida 33156 (Zip code) ove stated limited liable and agree to act in to	Florida 33156 (Zip code) Pove stated limited liability compant and agree to act in this capacity.	200 - 31 FH 2: 30

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: Title or Capacity: Name and Address: Name: Jay Jacobson Project Eden JV, LLC □Manager Name: □Manager Address: 2801 SW 31st Avenue, Suite 2B Address: 2801 SW 31st Avenue, Suite 2B Member □Member □ Authorized Coconut Grove, FL 33133 29 Authorized Coconut Grove, FL 33133 Person Person Other____ □Other_____ □Other □Other___ □Manager □Manager Name: Name: ______ □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other ___ □Other____ Other___ □Other_____ Name: _____ □ Manager □Manager □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other_____ Other_____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Kenneth R. Florio, Esq.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EDEN LIVING WEST MELBOURNE, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDEN LIVING WEST MELBOURNE, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 202521427

Date: 01-28-22

6448757 8300 SR# 20220293860