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TYPE OF FILING: APPLICATION

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COVER LETTER

TO:		istration Section sion of Corporations					
SUBJE	СΤ·	1800 Oakwood LLC					
	· · ·	Name of Limited Liability Company					
The enc Existenc	losed	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authoriz eferenced foreign limi	ation to Transact Business in Florida," Certificate o ited liability company to transact business in Florida			
Please r	eturn	all correspondence concerning this matter to	the following:				
		Kristi Dickison					
			Name of Person				
		Netson Mullins Riley & Scarborough L	LLP				
			Firm/Company				
		390 N. Orange Avenue, Suite 1400					
			Address				
		Orlando, Florida 32801					
		Ci tkinney@miamire.com	ty/State and Zip Code	, , , , , , , , , , , , , , , , , , , 			
		E-mail address: (to be	used for future annua	report notification)			
For furt	her in	formation concerning this matter, please cal	l:				
	Kris	sti Dickison	407 at (951-4222			
		Name of Contact Person	Area Code	Daytime Telephone Number			
	Mailing Address: Registration Section		Street Address: Registration Section				
	Division of Corporations		Division of C				
	P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				
			Tallahassee, F	FL 32303			
	Plea	losed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee State of Certificate of	& □ \$155.00 Fi				

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. 1800 Oakwood LLC (Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Compa	iny." "L.L.C" or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida, The	alternate	name must include "Limited Liabi	hty Company," '	L.L.C." o	r"LLC."}
Delaware 2.		3.	·	(FEI number,			_
(Jurisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number,	if applicable)		
upon filing 4.							
T	(Pate first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	n.) / liability)	<u> </u>			
700 S. Royal Poincian	a Blvd. Suite 400		700 S	. Royal Poinciana Blvd.			
5. (Street Address of Principal Office)		6.	(3	Mailing Address)			
Miami Springs, FL 33			Miam	i Springs, FL 33166		753	
main springs, 11. 55 too						<u> </u>	
					* .43	i i i	
10141717074						 _	_ <u>;</u>
7 St. 1	(D) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOT		11.		=	717
7. Name and street address	ss of Florida registered agent: (P.O. Box	C NOT	accepta	ible)	(100	MH 11: 47	
					严重		
Name:	Teresa King Kinney				ंगां	-1	
	700 S. Royal Poinciana Blvd. Suite 40	00					
Office Address:							
	Miami Springs			33166			
	(City)			, Florida(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.

(Registered agent's 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Miami Association of Realtors, In □Manager Name: □Manager 700 S. Royal Poinciana Blvd, Si Address: ___ Address: ■ Member □Member Miami Springs, FL 33166 □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other □Other □Manager □ Manager □Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person □ Other □Other □Other____ □Other □Manager Name: □ Manager Name: _____ □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. Lucy X Signatury of an authorized person

Teresa King Kinney, CEO of Miami Association of Realtors, Inc.

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 "1800 OAKWOOD 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1800 OAKWOOD LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

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



6622559 8300

Jeffrey W. Bullock, Secretary of State