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Special instructions to F	ning Officer.	

Office Use Only



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S. HAWKES MAR _ = 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 550031 AUTHORIZATION COST LIMIT : ORDER DATE: March 14, 2022 ORDER TIME : 8:47 AM ORDER NO. : 550031-005 CUSTOMER NO: 8358909 FOREIGN FILINGS NAME: 360 11TH STREET OWNER, LLC XXXX QUALIFICATION (TYPE: LL) 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

Registration Section Division of Corporations

TO:

SUBJECT: _	Nan	ne of Limited Liability C	ompany
			tion to Transact Business in Florida." Certificate of ed liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter	to the following:	
	Melanie Toquica		
		Name of Person	
	ZMR Capital		
		Firm/Company	
	2002 N Tampa St, Suite 110		
		Address	
	Tampa, FL 33602		
	(City/State and Zip Code	
	melanie@zmrcapital.com		
	E-mail address: (to b	e used for future annual	report notification)
For further info	ormation concerning this matter, please ca	ill:	
Mela	nie Toquica	813 at (468-4029)
	Name of Contact Person	Area Code	Daytime Telephone Number
	ng Address:	Street Address:	
_	stration Section	Registration Se	
Division of Corporations P.O. Box 6327		Division of Co	•
	hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tana	nassee, 1 L 32314	Tallahassee, Fl	·
Please	sed is a check for the following amount: make check payable to: FLORIDA DEI 25.00 Filing Fee	ee & 🔲 \$155.00 Fili	ng Fee & \$\Boxed{\Boxes} \$

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:

me unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	ida. The alter	nate name must include "Limited	Liability Compan	y.""L.L.C,"	or "LLC
elaware		3 8	8-1169175			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	پ. ۔۔۔	(FEI men	nber, if applicable	:1	
	(Date first transacted business in Florida, if prior to re-	zisiration.)		 		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine					
2002 N Tampa St		6 6	(Mailing Address)			
t Address of Principal Office)		··	(Mailing Address)			
Suite 110		St	ite 110			
Tampa, FL 33602		Та 	mpa, FL 33602			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box.)	NOT acce	eptable)			
Name:	Corporation Service Company		_	~		
Name: Office Address:	Corporation Service Company 1201 Hays Street			-	15	;
				 	S An	:
	1201 Hays Street			S	15 Air 9:	

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: ___ 360 11th Street JV, LLC □ Manager □ Manager Name: Address: ____ ■Member ☐ Member Address: Tampa, FL 33602 □ Authorized ☐ Authorized Person Person □Other____ □Other ____ □Other Other □Manager Name: _____ □Manager Name: ■ Member Address: ____ □Member Address: □Authorized ☐ Authorized Person Person □Other____ □Other_ □Other Other □Manager □Manager Name: Name: □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other___ □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. Zamiroddin Kazi

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "360 11TH STREET OWNER 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 FOURTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "360 11TH STREET OWNER 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.

THE STATE OF THE S

Authentication: 202906677

Date: 03-14-22

COVER LETTER

Registration Section

TO:

BJECT:	360 11th Street Owner LLC			
		e of Limited Liability Company		
e enclosed istence, a	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Fl		
ase returi	all correspondence concerning this matter t	o the following:		
	Melanie Toquica			
	Name of Person			
	ZMR Capital			
		Firm/Company		
	2002 N Tampa St, Suite 110			
		Address		
	Tampa, FL 33602			
	C	ity/State and Zip Code		
	melanie@zmrcapital.com			
	E-mail address: (to be	e used for future annual report notification)		
further in	nformation concerning this matter, please ca	11:		
Melanie Toquica		813 468-4029		
	Name of Contact Person	at ()		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	do sail is a aback for the following amount.			
	closed is a check for the following amount: ase make check payable to: FLORIDA DEP			