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Division of Corporations

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From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number: 120020000154 Phone: (954)712-5119

Fax Number : (954)523-2872

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

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Foreign Limited Liability Company Pinellas 44, LLC

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S. ROBERTS

T'RA HUA

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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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fk	orida. The al	ternate name must include "Limited Liabilit	ry Company," "L.L.C," or "LLC
Delaware		3.	88-0907616	
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)		(FEI number.	d applicable)
Upon filing				
-	(Date first transacted benumes in Florida, if prior to (See sentions 605,0904 & 605,0905, F.S. to determ	registration ine penalty	liability)	
2455 E. Sunrise Blvd.	#209	,	2455 E. Sunrisc Blvd. #209	
(Street Address of Principal Office)		6.	(Mailing Address	<u> </u>
Fort Lauderdale, FL 33	3304		Fort Lauderdale, FL 33304	
				
Name and street address	is of Florida registered agent: (P.O. Bo)	c <u>NOT</u> 8	acceptable)	2022 51.0 TA
	- • • ·			<u> </u>
	Corporation Service Company			HAR I
Name:				16 AAS
Office Address:	1201 Hays Street			SE P
~ 2000 v 1 1 mm vv 0	Tallahassee		32301	<u></u>
			12101	$r^2 = \omega$

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. Corporation Service Company

By: Ronique Raysor - Ronique Raysor (Assistant Secretary)
(Registered agent's signature)

1. 03

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

itle or Capacity:	Name and Address:	Title or Canacit	<u>Y:</u> ,	Name and Address:
]Manager	Name: Pincllas 44 Holdings, LLC	☐ Manager	Name:	
Member	Address:	☐ Member	Address: _	
Authorized	2455 E. Sunrise Blvd. #209	Authorized		
Person	Fort Lauderdale, FL 33304	Person		·
Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
Member	Address:	☐ Member	Address: _	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		ြံOth c τ
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authoriz e d		☐ Authorized		
erson		Person		
Other	Other	Other		Other

- 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.

/ mar/	. 6
9.40	Signature of an authorized person
	Isaac Pesin

Typed or printed name of signise

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINELLAS 44, 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 MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINELLAS 44, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202923776

Date: 03-16-22