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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

Foreign Limited Liability Company

121 E. Broward Blvd, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 121 E. Broward Blvd, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized.) (FEI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. c/o Shelby Smith 6. c/o Shelby Smith
(Street Address of Principal Office) (Mailing Address)
550 S. Andrews Avenue, Suite 400
Fort Lauderdale, FL 33301

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

Name: NRAI Services, Inc
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

By Kevin Warner Kevin Warner, Assistant Secretary
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

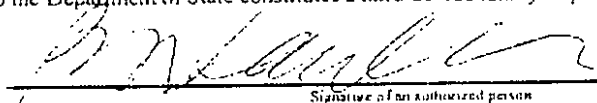
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Fort Lauderdale Properties Management, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o Shelby Smith	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	550 S. Andrews Avenue, Suite 400	<input type="checkbox"/> Authorized	_____
Person	Ft. Lauderdale, FL 33301	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Mushe Oppenheim	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o Shelby Smith	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	550 S. Andrews Avenue, Suite 400	<input type="checkbox"/> Authorized	_____
Person	Ft. Lauderdale, FL 33301	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.


 Signature of an authorized person

Brenda M. Saavedra, Esq., Authorized Person

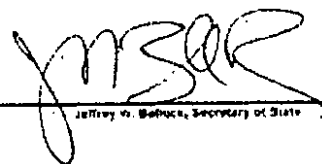
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "121 E. BROWARD BLVD,
LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MARCH, A.D.
2022, AT 4:54 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6679185 8100
SR# 20221033625

Authentication: 202935175

Date: 03-17-22

You may verify this certificate online at corp.delaware.gov/authver.shtml