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Foreign Limited Liability Company **CURRAHEE APEX LLC**

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S. ROBERTS MAR 3 0 2022

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

IN COMPLIANCE WITH SECTION 615.0902; FLORIDA STATUTES, THE FULLDWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CURRAHEE APEX LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L.C.," or "[L.C.]" (If name unavailable, enter aberage name adopted for the purpose of transacting business in Florids. The alternate must include "Limited Liability Company," "L. L. C." or "L.L.C.") 61-1913003 Delaware (FEI number, if applicable) (Durisdiction under the law of which foreign limited lability company is organized) December 2018 (Date first transacted business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2350 Coral Way, Suite #401 (Mailing Address) (Street Address of Principal Office) Miami, FL 33145 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Erick L. Deeb, P.A. Name: 2350 Coral Way, Suite #401 Office Address: Miami , Florida

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.

> (Register) nd a signature)

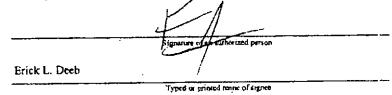
(Cuy)

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 Capacit	<u>y:</u>	Name and Address:
■Manager	Name: Danielle Jolly	□ Manager	Name:	
□Member	Address: 2350 Coral Way, Suite #401	□Member	Address: _	
☐ Authorized	Miami, FL 33145	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		☐Authorized		
Person		Person		
Other	Other	Other		□Other
□Manaiger	Name:	□Manager	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 reponing 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 outh 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 fellony as provided for in s.8.7.155, F.S.



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CURRAHEE APEX 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-SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURRAHEE APEX LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

aware.gov/authy

Authentication: 202976789

Date: 03-22-22