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DATE: 05/16/22

NAME: 511 SR OWNER LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

attodge

COVER LETTER

TO: Registration Section

511 SR7 Owner, IECT:	LLC		
	Nam	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.	
e return all corresponden	ce concerning this matter	to the following:	
		Name of Person	
First Corpor	rate Solutions, Inc.		
		Firm/Company	
914 S Street			
		Address	
Sacramento	CA 95811		
	C	City/State and Zip Code	
raservices@fi			
	E-mail address: (to b	e used for future annual report notification)	
rther information concer	ning this matter, please ca	M:	
Client Services		888 507-4593 at ()	
Nam	e of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corpo	tations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee, (42).	±-,′1 T	Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1 511 SR7 Owner, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability Company," "L.L.C.," or "L.L.C."	7		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")		
Delaware 2.		2			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (Ft:1 number, if applicable)			
4 .					
*•	(Date first transacted business in Florida, if prior to t (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty liability)			
110 Washington Ave	#1315	110 Washington Ave., #1			
Street Address of Principal Office)		6. (Mailing Address)			
Miami Beach, FL 3312	39	Miami Beach, FL 33139			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2122 MAY		
Name:	First Corporate Solutions, Inc.		16 16		
Office Address:	155 Office Plaza Drive		AH 9: 0		
	Tallahassee	32301 . Florida			
	(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.

(Repaired agent's signature)

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
■Manager	Name: DJK Capital Management, LLC	□Manager	Name:	
□Member	Address: 110 Washington Ave., #1315	□Member	Address: _	
□Authorized	Miami Beach, FL 33139	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address: 110 Washington Ave., #1315	□Member		
■ Authorized	Miami Beach, FL 33139	□Authorized		
Person		Person		
□Other	Other	Other		Other
- Manusan	Marro		Nterr	
□Manager	Name:	□Manager _		
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
indexed individuals9. Attached is a cert	se an attachment to report more than six (6). I may be added to the index when filing your F ificate of existence, no more than 90 days old, e law of which it is organized. (If the certificate be submitted)	lorida Department of St duly authenticated by t	ate Annual Rep he official havi	oort form. ng custody of records in the
	s executed in accordance with section 605.020 ment to the Department of State constitutes a th			
	John Blizzard	of an authorized person		

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "511 SR7 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 TWELFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "511 SR7 OWNER, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2022.

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

Authentication: 203417473

Date: 05-12-22