M 20100001823

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
- (Ac	ddress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer	

Office Use Only



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S. FRANKLIN

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 685295 AUTHORIZATION COST LIMIT : ORDER DATE: May 17, 2022 ORDER TIME : 5:16 PM ORDER NO. : 685295-005 CUSTOMER NO: 4809065 FOREIGN FILINGS NAME: CARRY BEACH REAL ESTATE, 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: Eyliena Baker -- EXT#

COVER LETTER

TO:	Registration Section Division of Corporations				
CUBICA	Carry Beach Real Estate, LLC				
SUBJECT: Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.			
Please re	eturn all correspondence concerning this matter t	o the following:			
	Kimberly Beard, Paralegal				
		Name of Person			
	Venable, LLP				
	Firm/Company				
	750 East Pratt Street				
		Address	202217.1 18		
	Baltimore, Maryland 21202				
	C	ity/State and Zip Code			
	Jackie@tpvlp.com		PH 3		
	E-mail address: (to be	e used for future annual report notification)	3: Ct		
For furth	ner information concerning this matter, please cal	II:			
	Kimberly Beard	410 244-7668 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
	Division of Corporations	Division of Corporations The Centre of Tallahassee			
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallallassee, TE 32314	Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of	e & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,			

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting business is			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if applic	able)
Upon Filing				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	r to registratio	n.) Tiability I	
40 Gaither Road, Suit	te 100		540 Gaither Road, Suite 100	
Address of Principal Office)		υ.	(Mailing Address)	
Rockville, Maryland 20	0850		Rockville, Maryland 20850	2022 13.7 18
			···	
· · · · · · · · · · · · · · · · · · ·				
				_
ame and street addres Name:	ss of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u>	acceptable)	P11 3: 04
				PH 3: 04
Name:	Corporation Service Company 1201 Hays Street Tallahassee		32301	PH 3: 04
Name:	Corporation Service Company 1201 Hays Street		32301	bit 3: 04

, Carry Beach Real Estate, LLC

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: Jacqueline M. Perry Robert Kalchik Name: □Manager Address: ____ □Member □Member Address: ____ 540 Gaither Road, Suite 100 540 Gaither Road, Suite 100 □ Authorized ☐ Authorized Rockville, Maryland 20850 Rockville, Maryland 20850 Person Person Treas./Secretary President □Other_____ Ø Other_ Other Name: _____ Name: _____ □Manager □Manager □Member Address: □Member Address: _____ □ Authorized □ Authorized Person Person □ Other_____ □Other □ Other_____ ☐ Other Name: _____ □Manager Name: □ Manager Address: □Member □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.

Typed or printed name of signee

Jacqueline Perry

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CARRY BEACH REAL ESTATE, 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 SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARRY BEACH REAL ESTATE, LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

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

2022 15:Y 18 PH 3: 11



Authentication: 203452862

Date: 05-17-22

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