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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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S. ROBERTS JUN - 6 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 725355 8330115

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 6, 2022

ORDER TIME : 2:15 PM

ORDER NO. : 725355-005

CUSTOMER NO: 8330115

## FOREIGN FILINGS

NAME: EWA HIALEAH GARDENS 10900

OWNER, LLC

XXXX\_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## 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 unavallable, enter alternate r	ame adopted for the purpose of transacting business in Flo	orida. The alternate na	ame must include "Limited Liability	y Company," "1, 1, C," o
Delaware		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)	
NA				
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)		_
1099 18th Street, Suite 2900		1099 18th Street, Suite 2900		
et Address of Principal Office)		0. <u>(M</u> :	ailing Address)	
Denver, CO 80202		Denve	r, CO 80202	
		<del></del>		
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptab	ole)	
	Corporation Service Company			
Name:				\ \frac{1}{2}
Name: Office Address:	1201 Hays Street	<del></del>		
	1201 Hays Street Tallahassee		32301 , Florida	

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

Ву:

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]: Name and Address: EWA Hialeah Gardens 10900 Title or Capacity: Title or Capacity: Name and Address: Name: Investor, LLC □Manager □Manager 1099 18th Street, Suite 2900 **■**Member □Member Address: Denver, CO 80202 □ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ □Manager ☐Manager Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_ Other Other □Other \_ Name: \_\_\_\_ Name: \_\_\_\_\_ □Manager □Мападег Address: \_\_\_\_\_ Address: \_\_ \_ \_ \_\_ ☐ Member ☐ Member □ 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. Signature of an authorized person Michael S. Warren

Typed or printed name of signed



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

DELAWARE, DO HEREBY CERTIFY "EWA HIALEAH GARDENS 10900 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 SIXTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EWA HIALEAH
GARDENS 10900 OWNER, LLC" WAS FORMED ON THE SECOND DAY OF JUNE,
A.D. 2022.

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

Authentication: 203601188

Date: 06-06-22