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> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME GENERAL LLC

Account Number : 120170000053 Phone : (954) 624-4801

Fax Number : (954)241-7812

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

Email Address:_

Foreign Limited Liability Company FISDB LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: FISDB LLC | | | |
| Name of I | limited Liability Company | | |
| The enclosed "Application by Foreign Limited Liability Com- Existence, and check are submitted to register the above refer | pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida | | |
| Please return all correspondence concerning this matter to the | following: | | |
| LARRY M. ABBO | | | |
| N | aine of Person | | |
| FISDB LLC | | | |
| F | irm/Company | | |
| 4651 SHERIDAN STREET #480 | | | |
| | Address | | |
| HOLLYWOOD, FL 336021 | | | |
| CityA | State and Zip Code | | |
| patti.chlvany@primegroupus.com | ed for future annual report notification) | | |
| | ed for ruture annual report notification) | | |
| For further information concerning this matter, please call: | | | |
| Patti Chlvany | at (954) 624-4801 | | |
| Name of Contact Person | Area Code Daytime Telephone Number | | |
| Malling Address: | Street Address: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations The Centre of Tallahassee | | |
| P.O. Box 6327 | 2415 N. Monroe Street, Suite 810 | | |
| Tallahassee, FL 32314 | Tallahassee, FL 32303 | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAS \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of S | S155.00 Filing Fee & S160.00 Filing Fee, Certificate | | |
| | | | |

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

| SDB LLC (Name of Foreign Uniford Lebility Company, must lock | The second second second | | |
|---|-------------------------------------|---|-------------------------|
| (Mans of Foreign Limited Lemmy Company; mast mex | | , | |
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| (5) Sheridan St #480 | 6 4551 \$1 | eridan Si M490 | |
| Address of Principal Office) | 96 | Hog Addison) | 201 7.5 |
| officered by 13051 | Hallow | ood, Fl 33021 | 2022 (ALL) |
| allywood, FL 33031 | <u></u> | | JUL |
| | | | |
| | 4444 | | |
| ame and greet addition of Florida registered agent; | (P.O. Box NOT acceptab | lo) | Pa |
| | | | و نسب |
| Name: Shaven B. Greenfield, Esq. | | | |
| Name: Survey of Greatestate Esta | | | 1 |
| Office Address: 1615 Congress Ave, Suite 2 | :00, Deiray Beach, Fl. 334 | 45 | |
| | | | |
| (C) | | (22p cm i n) | |
| (6.8) | 3 / | | |
| intered agent's acceptances ing been named as regimeral agent and to accept | amelaa ad maama din she | chara stated Smitted Rabil | to company at the place |
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| accept the shipetions of my position as registered | | | |
| | and the same of the same | / | |

manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---|--------------------|--|
| ∃ Manager | Name: Daytona Hospitality Group II LLC | ⊞ Manager | Name: Daytona Heach Property Unidings Retail LLC |
| XIXIMember | Address: 4651 Sheridan Street 4450, Hollywood, FL 33021 | XXIMember | Address: One Daytona Boulevard, Daytona Beach, Fl. 32114 |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | | Other | □Other |
| \ | | | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | Other | Other |
| | | | |
| Manager | 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 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) (6). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree refony as provided for in s.817.155, F.S.

Degree Hospitality Group II U.C.
Pitte at Degree Hospitality Group IV, ELC. its manager
By Prime Benyltality Group IV, ELC. its manager
By PMG Amet Service, ILC. its manager

Signature of an autil

Larry M. Abbo, Manager

Typed or printed name of signes

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FISDB 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-FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FISDB LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203757182

Date: 06-24-22