## M22000010971

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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STATE OF THE PROPERTY OF

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2022 JUL 14 AM 11: 44

THE CHILD

S. ROBERTS

JUL 1 4 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 802575 7342469

AUTHORIZATION

COST LIMIT

ORDER DATE : July 13, 2022

ORDER TIME : 5:27 PM

ORDER NO. : 802575-005

CUSTOMER NO: 7342469

## FOREIGN FILINGS

NAME: 2605 N HIGHWAY Ala LAND OWNER

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	2605 N HIGHWAY A1A LAND OWN	ER				
Name of Limited Liability Company						
		ty Company for Authorization to Transact Business in Florida." Certificate of ve referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matte	er to the following:				
	Jorge L. Gomez-Moller					
	Name of Person					
	2605 N HIGHWAY A1A LAND OWNER, LLC					
	Firm/Company					
255 Alhambra Circle, Suite 760						
Address						
Coral Gables, FL 33134						
City/State and Zip Code						
	jlg@driftwoodcapital.com					
	E-mail address: (to	be used for future annual report notification)				
For fur	ther information concerning this matter, please	call:				
Jorge L. Gomez-Moller		305 5009998				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address:				
		Registration Section Division of Corporations				
		The Centre of Tallahassee				
		2415 N. Monroe Street, Suite 810				
	, a	Tallahassee. FL 32303				
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing  Certificat	EPARTMENT OF STATE				

## 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:

	11A LAND OWNER, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC."	)	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited l	Liability Company," "L. L. C," or "El.	.C,")
Delaware		83-1645725		
(Jurisdiction under the law of w	shich foreign limited liability company is organized)	3. (FEI num	nber, if applicable)	
ı				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)		
255 Alhambra Circle		6		
Street Address of Principal Office)		(Mailing Address)		
Coral Gables				
FL 33134			<b>20</b>	
	ss of Florida registered agent: (P.O. Box  Corporation Service Company	N <u>OT</u> acceptable)	JULIU AMII:	
Name: Office Address:	1201 Hays Street		08 H:	4
	Tallahassee	32301 Florida		
	(City)	(Zip code)	<del></del>	
lesignated in this applica to comply with the provisi	egistered agent and to accept service of protein. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  Corporation Service Company  By:  (Registered agent's significant or service)	registered agent and agree to act and complete performance of my	in this capacity. I furthe	r agre

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:
■Manager	Name: Carlos J Rodriguez	□Manager	Name:
□Member	Address: 255 Alhambra Circle	□Member	Address: 255 Alhambra Circle
□Authorized	Suite 760, Coral Gables, FL 33134	Authorized	Suite 760, Coral Gables, FL 33134
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

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting 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 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

Carlos J Rodriguez

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "2605 N HIGHWAY A1A LAND 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 THIRTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2605 N HIGHWAY

ALA LAND OWNER, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST,

A.D. 2018.

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

Authentication: 203907962

Date: 07-13-22