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PO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: ELJAJEK, RUIZ, RODRIGUIZ, ALVEREZ, PLLC Account Number: 120030000013

Account Number: 120030000013 Phone : (305)444-5959 Fax Number : (786)532-9173

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

Emell Address: MMEETTA Jaw. COM

Foreign Limited Liability Company Telecom Park Property Holdings, LLC

| Certificate of Status | 1 |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------|---|--|
| SUBJE | Telecom Park Property Holdings, LLC | ; |
| | | Name of Limited Liability Company |
| | | ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Floridate. |
| Please n | eturn all correspondence concerning this mat | tter to the following: |
| | Alyssa Ruiz c/o Monique Martino | |
| | | Name of Person |
| | Erra Registered Agents, LLC | |
| | | Firm/Company |
| | 2601 South Bayshore Drive - 18th | ı Floor |
| | · · · · · · · · · · · · · · · · · · · | Address |
| | Coconut Grove, FL 33133 | |
| | | City/State and Zip Code |
| | mm@erralaw.com | |
| | E-mail address: (| to be used for future annual report notification) |
| For furth | her information concerning this matter, pleas | e call: |
| | Alyssa Ruiz | 305 444-5969 |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| | Mailing Address: Registration Section | Street Address: Registration Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount Please make check payable to: FLORIDA is \$125.00 Filing Fee | DEPARTMENT OF STATE |

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

| | Holdings, LLC | | | | <u> </u> |
|--|---|--|-----------------------|-------------------|------------------|
| (Name of Foreign | Limited Liability Company; must include "Limited Lin | bility Company, | ""L.E.C.," or "LLC.") | | |
| | | | | | |
| rer mevelable, ester altereste | name adopted for the purpose of transacting business in Florida | | | ity Company," " | 'I,.L.C," br '7. |
| Delaware (Instaliction under the law of which foreign limited liability company is organized) | | 88-3226458 3. (FFI number, if applicable) | | | |
| (Jurisdiction under the law of v | vhich foreign limited liability occupany is organized) | (१४८ सध्यक्षीका, संक्ष्मकाटकारेक) | | | |
| 07-15-22 | | | | | ļ |
| | (Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0903, F.S. to determine p | tration.) enalty bability) | | | |
| 2601 South Bayshore | Drive | c/o Erra | Registered Agents, LI | .c | |
| et Address of Principal Office) | | о. <u>(Мал</u> | ng Address) | | |
| 18th Floor | | 2601 So | nth Bayshore Drive, L | LC | <u> </u> |
| Coconut Grove, FL 33 | 1133 | Coconut | Grove, FL 33133 | | |
| | | | | <u> </u> | 7072 |
| Name and street addre | ss of Florida registered agent: (P.O. Box N | OT acceptable | e) | -, , - | |
| TOTAL MICE SHAPE WHILE | Mat 1 (2) The company of the company | | • | ٠ | |
| | Erra Registered Agents, LLC | | | | CI |
| Name: | | | | - | AH IO: |
| Office Address. | 2601 South Bayshore Drive 18th Floor | | | :. | |
| Office Address: | | | | | 90 |
| | Cocomit Grove | ,1 | 33133 Florida | _ | Ì |
| | | | (Zip code) | | |

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| | Name and Address; | Title or Capacit | <u>y:</u> | Name and Addre |
|--------------|---------------------------------------|------------------|------------|----------------|
| Manager | Name: Reuven Oded | □Manager | Name: | |
| □Member | Address: 5650 Breckenridge Park Drive | □Member | Address: | |
| □Authorized | Suite 302 | □Authorized | | |
| Person | Tampa, FL 33610 | Person | | |
| Other | Other | Other | | □Other |
| | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: _ | <u> </u> |
| | | □ Authorized | | 1 |
| Person | | Person | | |
| Other | Other | Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: _ | |
| ☐ Authorized | | ☐ Authorized | | |
| Person | | Person | | |
| Other | | Other | | Other |

Typed or printed name of

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "TELECOM PARK PROPERTY HOLDINGS, 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 FIFTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELECOM PARK PROPERTY HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

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

6881227 8300

SR# 20222999460

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSQC I

Authentication: 203926284

Date: 07-15-22