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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please.



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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:

| 1. 7740 Southside Blvd L (Name of Foreign | LC Limited Liability Company; must include "Limite | d Liabilit | Company," * | L.L.C.," or "[.I.C.") | · · · · · · · · · · · · · · · · · · · | | |
|--|---|-----------------------------|-------------------|------------------------------|---------------------------------------|----------------|------|
| N/A | | | | | | | |
| (if name unavailable, enter alternate e | name adopted for the purpose of transacting business in F | lorida The | alternate name fr | unst include "Limited I inbi | ility Company," "L.L.C | ." or "LL | C.") |
| Delaware 2 | ····· | 3. | | (FEI number, | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | | | (Fill number, if applicable) | | | |
| Upon filing of this app 4. | | | | | | | |
| ··· | (Data first transacted business in Florida, if prior to See sections 605.0904 & 605.0905, F.S. to determ | registration une penalty | t) liability) | | | | |
| 7900 Glades Road, Suite 500 5. | | 6. | | es Road, Suite 500 | | | |
| 5. (Street Address of Principal Office) | | | (Mailing | Address) | | | |
| Boca Raton, FL 33434 | | | Boca Rator | n, FL 33434 | AN | | |
| | | | | | | 2022 | |
| | | | | | | - 2 | ۰'n |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | (<u>NOT</u> ; | acceptable) | | | 28 | |
| Name: | Corporate Creations Network Inc. | | | | Ter STA | PH 2: | C |
| Office Address: | 801 US Highway 1 | | | | | 25 | |
| | North Palm Beach | orth Palm Beach | | 33408 . Florida | | | |
| | (C x) | | | (Zip code) | | | |

Registered agent's acceptance:

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.

| /s/ Caitlin Lazarus | Caitlin Lazarus, Special Secretary |
|---------------------|------------------------------------|
|---------------------|------------------------------------|

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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: | Manager | Name: |
| Member | Address: | Member | Address: |
| Authorized | Boca Raton, Florida 33434 | □Authorized | Boca Raton, Florida 33434 |
| Person | | Person | |
| Other | Other | DOther | 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. 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.

STA

Signature of an authorized person

Chung Willelow

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "7740 SOUTHSIDE BLVD 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-EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7740 SOUTHSIDE BLVD LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2022.

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



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