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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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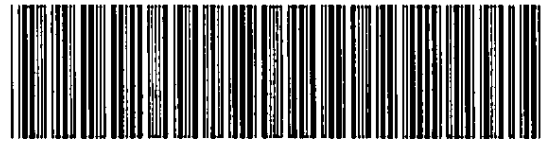
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 18 AM 9:49

S. ROBERTS

AUG 18 2022



August 17, 2022

VIA EMAIL AND
FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Soloviev Investors LLC / Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Application").

Dear Sir/Madam:

Enclosed herewith please find the Application, a Delaware Certificate of Good Standing, and my Scott A. Elk, P.A. Check No. 4910 in the amount of One Hundred Thirty and 00/100 (\$130.00) Dollars, which represents payment for the Filing Fee and a Certificate of Status for Soloviev Investors LLC.

Should you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

SCOTT A. ELK, P.A.

By: 

Scott A. Elk, Esq.

SAE/JS

Enclosure

cc: The Soloviev Group (via e-mail)
Michael Hershman, CEO
Steven Weymouth, CFO

COVER LETTER

TO: Registration Section
Division of Corporations
Soloviev Investors LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott A. Elk, Esq.

Name of Person

Scott A. Elk, P.A.

Firm/Company

1900 NW Corporate Blvd., Suite E201

Address

Boca Raton, Florida 33431

City/State and Zip Code

scott@scottelkpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Elk, Esq.

561

368-5551

Name of Contact Person at (_____) _____
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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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:

Solovlev Investors LLC

1. _____
(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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."
Delaware 87-1790440

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
114 NE 1st Avenue 114 NE 1st Avenue

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
Delray Beach, Florida 33444 Delray Beach, Florida 33444

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Scott A. Elk, Esq.
1900 NW Corporate Blvd., Suite E201
Office Address: Boca Raton 33431
_____, Florida
(City) (Zip code)

2022 AUG 18 AM 9:149

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.

(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael Hershman	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 114 NE 1st Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Delray Beach, Florida 33444	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



Signature of an authorized person

Michael Hershman

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLOVIEV INVESTORS 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-NINTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLOVIEV INVESTORS LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2021.

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



5998479 8300

SR# 20223126985

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204041719

Date: 07-29-22