

M22000013166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

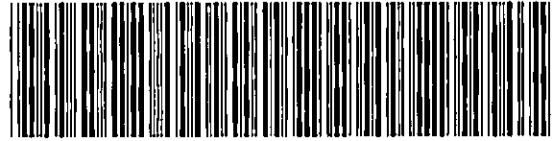
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/22/22--01006--018 \*260.00

2022 AUG 22 PM 11:31

S. FRANKLIN

AUG 23 2022

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|-----------|------------------|--------------------|----------------|
| <b>XX</b> | <b>PHOTOCOPY</b> | _____              | 2672: 22 12:43 |
| <b>XX</b> | <b>CUS</b>       | <b>GS</b>          |                |
| <b>XX</b> | <b>FILING</b>    | <b>FOREIGN LLC</b> |                |

1. **TALLAHASSEE MEMBER 1, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tallahassee Member 1, LLC

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:

Kevin A. Denti, Esquire

Name of Person

Kevin A. Denti, P.A.

Firm/Company

2180 Immokalee Road - Suite #316

Address

Naples, Florida 34110

City/State and Zip Code

adrian@ottoinvestmentgroup.com

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

For further information concerning this matter, please call:

Kevin A. Denti

239

260-8111

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 &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2022.02.22 11:12:13

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. Tallahassee Member 1, L.L.C.  
(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")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3663214  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1212 Court Street - Suite C  
(Street Address of Principal Office)

Clearwater, Florida 33756

6. 1212 Court Street - Suite C  
(Mailing Address)

Clearwater, Florida 33756

2022  
22  
12:43

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

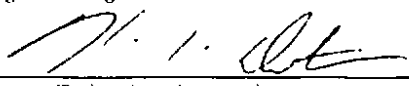
Name: Kevin A. Denti, P.A.

Office Address: 2180 Immokalee Road - Suite #316

Naples, Florida 34110  
(City) (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.

  
(Registered agent's signature)

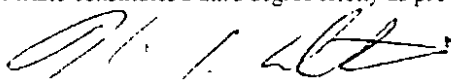
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                    | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>Mirko Otto</u>                     | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>1212 Court Street - Suite C</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Clearwater, Florida 33756</u>            | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                       | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: _____                             | <br><input type="checkbox"/> Manager | <br>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 _____ |
| <br><input type="checkbox"/> Manager           | <br>Name: _____                             | <br><input type="checkbox"/> Manager | <br>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

Kevin A. Denti

Typed or printed name of signee

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TALLAHASSEE MEMBER 1, 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 NINETEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TALLAHASSEE MEMBER 1, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2022.

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

2022.08.22 PM 12:43



  
Jeffrey W. Bullock, Secretary of State

6957270 8300

SR# 20223314645

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204207002

Date: 08-19-22