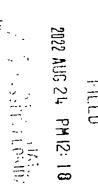
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Thank you!

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavadable, enter alternate (name adopted for the purpose of transacting business	in Florida. The a	lternate name must include "Limited Li	ability Company," "L.L.C," or "Lt.C."
Delaware		,		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)).	dinos EET 1)	er, (l'applicable)
	(Para fire come a test business in Planta at no	ior to remetration		
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, F.S. to do	etermine penalty	íability)	
3310 Mary Street, Suit	te 302	6.	3109 Grand Avenue, #349	
eet Address of Principal Office)		0. ,	(Mailing Address)	
Coconut Grove, FL 33	133		Coconut Grove, FL 33133	22
				2 AU
		•		24
Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> a	eceptable)	
:Name and street addic.				-7
ivanic and socci deale.				213. W.S.
Name:	Alexis Kanarek			HIZ: 18
Name:	Alexis Kanarek 814 First Street			BOW PHIZ: 18
	814 First Street			MIZ: 18
Name:				#12: 18

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:

Papid Vertin

Russell Galbut

Title or Capacity:	Name and Address:	Title or Capacity:						
≣Manager	Name:	■Manager	Name: Russell Galbut					
□Member	Address: 3310 Mary Street, Suite 302	□Member	Address: 814 First Street					
□Authorized	Coconut Grove, FL 33133	□Authorized	Miami Beach, FL 33139					
Person		Person						
Other	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					
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.								
	Alexis Kanarek							

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TCH 700 ALTON, 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-THIRD DAY OF AUGUST, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204229425

Date: 08-23-22

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