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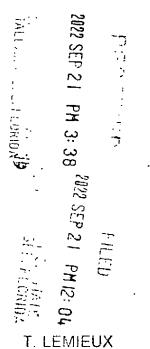
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(Business Entity Name)	
(Document Number)	
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	INC.	236 E Box 37066 (32315-	ast 6th Avenue. 7066) ~ (850	 Tallahassee, Florida 32303) 222-2666 or (800) 969-1666. Fax (85	Ö) 222-1666
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COVER LETTER

TO:	Registration Section Division of Corporations	· :
SUBJE	ONE THIRD LAND RENTAL, LLC	
	Name of Limite	d Liability Company
		or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this matter to the follow	ving:
	TRAVIS RENTZ	
	Name o	Person
	GODBOLD, DOWNING, BILL & RENTZ, P. A	
	Firm/Co	ompany
	222. W. COMSTOCK AVENUE, SUITE 101	
	Add	ress
	WINTER PARK, FL 32789	
	City/State at	nd Zip Code
	TRENTZ@GDB-LAW.COM	
	E-mail address: (to be used for f	uture annual report notification)
For fur	urther information concerning this matter, please call:	
	7.4.1.4.4.	647-4418
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		et Address: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN \$125.00 Filing Fee \$130.00 Filing Fee & \$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certificate 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:

1. ONE THIRD LAND R	Limited Liability Company; must include "Limite	d Liabili:	y Compa	ıy." "L. L. Ç.," or "L. L.C."	j			-
(if name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida The	afternate r	ame musi include "Limited I	Liability Compai	ny," "L	L. Ç," or '	īlc "
DELAWARE								
٦	liteli foreign limited liability company is organized)	3.		(FEI nur	iber, it applicable	c)		-
	, , , ,							
September 21, 2022 4.								
	Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registratio (ne penalt)	n) (liability)					
5420 La Gorce Drive				a Gorce Drive				
5. (Street Address of Principal Office)		6.	780	ailing Address)				-
Miami, FL 33140			Miami	FL 33140	**		202	
****						4 1	35.2	-
					;		[]	•===
	·····		 -		ئـــٰ:			- <u>:-</u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptal	ole)	 	1.	P IX	
					,- r:	シェ	23:	
Name:	R. TRAVIS RENTZ				-	37	PH 12: 04	
rame.	CARROL B. BOURING BULL 4 BE	Naca a			,	• •.		
Office Address:	GODBOLD, DOWNING, BILL & RE	N 1 Z, F	. A.					
	222 W. Comstock Ave., Suite 101, Wi	nter Pa	rk	32789 , Florida				
	(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.

(Resistered 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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: David Heching Milton Heching | □Manager ■Manager Address: ___ 11 Loumar Place Address: _I □Member □ivlember Clifton NJ 07012 Miami, FL 33140 □ Authorized □ Authorized Person Person President Other □ Other____ Other__ Name: □Manager Name: _____ □Manager Address: ___ ___ Member Address: _____ □Member □ Authorized □ Authorized Person Person □Other_____ □Other □Other ...___ □Oth**e**r Name: □Manager Name: _____ □Manager Address: Address: : 🗌 Member ☐ Member □ Authorized □ Authorized Person Person Other____ □ Other_____ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 dogree felony as provided for in s.817.155, F.S. R. Travis Rentz

Typed or printed name of signee





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

DELAWARE, DO HEREBY CERTIFY "ONE THIRD LAND RENTAL 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-FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE THIRD LAND RENTAL LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2021.

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

Authentication: 204445219

Date: 09-21-22

6093179 8300 SR# 20223580539