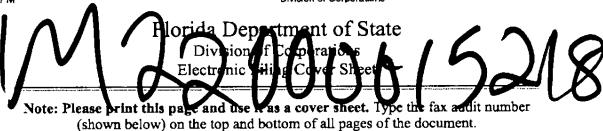
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>ئ</u> ئ

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

Foreign Limited Liability Company PALM BEACH EDGEWATER FEE BORROWER LLC

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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Palm Beach Edgewater Fee Borrower LLC		
C/C/13013C/1		of Limited Liability Company	
The enclose Existence, a	ed "Application by Foreign Limited Liability Co and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," ferenced foreign limited liability company to transact busin	Certificate of ess in Florida.
Please retur	m all correspondence concerning this matter to t	he following:	
	Jason Jacobson		
	Name of Person		← 2
	OKO Group LLC		622 01
		Firm/Company	-1
	4100 N.E. 2nd Avenue, #307		2022 OCT -3 PH 1:11
		Address	77
	Miami, Florida 33137		
	City	y/State and Zip Code	
	jjacobson@okogroup.com		
	E-mail address: (to be u	sed for future annual report notification)	
For further	information concerning this matter, please call:		
Ja	ason Jacobson	305 573-1158	
	Name of Contact Person	Area Code Daytime Telephone Number	
М	ailing Address:	Street Address:	
\overline{R}	egistration Section	Registration Section	
D	vivision of Corporations	Division of Corporations	
	.O. Box 6327	The Centre of Tallahassee	
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
P!	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPA 1 \$125.00 Filing Fee		

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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: Palm Beach Edgewater Fee Borrower LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, once 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 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o OKO Group LLC c/o OKO Group LLC (Mailing Address) (Street Address of Principal Office) 4100 N.E. 2nd Avenue, #307 4100 N.E. 2nd Avenue, #307 Miami, Florida 33137 Miami, Florida 33137 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 E. Park Ave., Floor 2 Office Address: Tallahassee , Florida _ (City) 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.

Touston Sury	Taylor Seay, Asst. Secretary on behalf of
. 8	Capitol Corporate Services, Inc.
-,	(Registered agent's signature)

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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 Capacit	Y:	Name and Address:
□Manager	Name: Francis H. Scola, III	□Manager	Name:	
□Member	Address:C/O OKO Group LLC	□Member	Address:	
■ Authorized	4100 N.E. 2nd Avenue, #307	□Authorized		
Person	Miami, Florida 33137	Person	-	
Other	Other	□Other		□Other
				2022 0
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	ယ်
□Authorized		□Authorized		P.3
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.

Fran Scola		
C1984367CBE24D#	Signature of an authorized person	
Francis H. Scola, III		

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 "PALM BEACH EDGEWATER FEE BORROWER 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 THIRD DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BEACH EDGENATER FEE BORROWER LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

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SR# 20223681436

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

MSRS.

Authentication: 204536531

Date: 10-03-22