

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

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

Email Address: michael@altaterrare.com

**Foreign Limited Liability Company
Ocala Properties Mgr, LLC**

Certificate of Status	0
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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:

1. OCALA PROPERTIES MGR, LLC
(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 3. 92-0652609
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed 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. 1441 UTE BLVD., SUITE 130 6. 1441 UTE BLVD., SUITE 130
(Street Address of Principal Office) (Mailing Address)

PARK CITY, UTAH 84098 PARK CITY, UTAH 84098

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

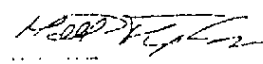
Name: BCRA, LLC

Office Address: 1905 NW CORPORATE BLVD, SUITE 310

BOCA RATON 33431
(City) , Florida (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)

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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:**
☐ Manager Name: MICHAEL AUGUSTINE
☐ Member Address: 1441 UTE BLVD., SUITE 130
☐ Authorized PARK CITY, UTAH 84098
 Person _____
☒ Other President ☐ Other _____

☐ Manager Name: CRAIG ZOGBY
☐ Member Address: 1441 UTE BLVD., SUITE 130
☐ Authorized PARK CITY, UTAH 84098
 Person _____
☒ Other Vice President ☐ Other _____

☐ Manager Name: RICK MARGOLIS
☐ Member Address: 1441 UTE BLVD., SUITE 130
☐ Authorized PARK CITY, UTAH 84098
 Person _____
☒ Other Vice President ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name: PHILIP DUKE
☐ Member Address: 1441 UTE BLVD., SUITE 130
☐ Authorized PARK CITY, UTAH 84098
 Person _____
☒ Other Vice President ☐ Other _____

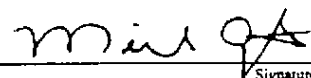
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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.



 Signature of an authorized person
 Michael Augustine, President

 Typed or printed name of signee

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 WILMINGTON, DELAWARE

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCALA PROPERTIES MGR, 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 TWELFTH DAY OF OCTOBER, A.D. 2022.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCALA PROPERTIES MGR, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2022.

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

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J. W. BULLOCK
SECRETARY OF STATE
DELAWARE

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Jeffrey W. Bullock, Secretary of State

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Date: 10-12-22