Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

|       | Division of Corporations  |              |  |
|-------|---|--------------|--|
|       | Fax Number : (850)617-6383  |              |  |
| From: |   |              |  |
|       | Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017       |              |  |
|       | Phone : (855)498-5500   |              |  |
|       | Fax Number : (800)432-3622  |              |  |
|       | ne email address for this business entity                                 |              |  |
| annu  | al report mailings. Enter only one email                                  | address ple  | :ase. **                               |
| Emai  | 1 Address:  |              |  |
|       |   |              |  |
|       |   | DONY.        | ************************************** |
|       |   |              |  |
|       | Foreign Limited Liability Com   |              | <i>₩</i>                               |
|       | 888 Brickell Owner LLC  |              |  |
|       | •   |              |  |
|       | 888 Brickell Owner LLC  |              |  |
|       | 888 Brickell Owner LLC  Certificate of Status  Certified Copy             |              | 2022 00 1 2 1                          |
|       | 888 Brickell Owner LLC  Certificate of Status  Certified Copy  Page Count | 1<br>1<br>05 | 2022 00 1 2 1                          |
|       | 888 Brickell Owner LLC  Certificate of Status  Certified Copy  Page Count | 1 1          | 2022 00 1 2 1                          |
|       | 888 Brickell Owner LLC  Certificate of Status  Certified Copy  Page Count | 1<br>1<br>05 |  |

Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

| 8<br>SUBJECT:                                 | 88 Brickell Owner LLC  |  |
|---|--|--|
| SUBJECT: _                                    | Name   | of Limited Liability Company   |
|   |  | Company for Authorization to Transact Business in Florida," Certificate of ceremond foreign limited liability company to transact business in Florid |
| Please return al                              | ll correspondence concerning this matter to  | the following:   |
|   | Michael Stern  |  |
|   |  | Name of Person   |
|   | JDS Development Group  |  |
|   |  | Firm/Company   |
|   | 120 NE 27th Street, Suite 200  |  |
|   | <del></del>  | Address  |
|   | Miami, Florida 33137   |  |
|   | Ci   | ty/State and Zip Code  |
|   | mstern@jdsdevelopment.com  |  |
|   | E-mail address: (to be   | used for future annual report notification)  |
| For further info                              | ormation concerning this matter, please call   | l:   |
| Seren   | a Rakhlin  | 646 650-2283   |
|   | Name of Contact Person   | Area Code Daytime Telephone Number   |
|   | ng Address:  | Street Address:  |
| Registration Section Division of Corporations |  | Registration Section   |
|   |  | Division of Corporations   |
|   | Box 6327   | The Centre of Tallahassee  |
| I alla  | chassee, FL 32314  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |
| Please  | sed is a check for the following amount: the make check payable to: FLORIDA DEP. 25.00 Filing Fee \$\Bigsim \frac{1}{2} \\$130.00 Filing Fee  Certificate of | & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate   |

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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. 888 Brickell Owner LL<br>(Name of Foreign   | Limited Liability Company; must include "Limited  | d Liabilit                     | y Company," "L.L.C.," or "LLC.")       |             |            |             | _        |
|--|---|--------------------------------|--|-------------|------------|-------------|----------|
|  |   |                                |  |             |            |             |          |
| (If name unavaliable, enter alternate i  | name adopted for the purpose of transacting business in Fl  | lorida. The                    | alternate name must include "Limited I | lability Co | ompany," " | L.L.C," or  | LLC.     |
| Delaware   |   |                                |  |             |            |             |          |
| (Jurisdiction under the law of which foreign limited liability company is organized) |   | 3. (FEI number, if applicable) |  |             |            |             | -        |
|  |   |                                |  |             |            |             |          |
| 4  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determine | registration                   | n.)<br>liability)                      |             |            |             |          |
| c/o JDS Development 5  | •   | 6                              | c/o JDS Development Grou               | ıp          |            |             |          |
| 5.<br>(Street Address of Principal Office)   |   | U.                             | (Mailing Address)                      |             |            |             | _        |
| 120 NE 27th Street, Su   | ite 200   |                                | 120 NE 27th Street, Suite 2            | 00          |            |             |          |
| Miami, Florida 33137   |   |                                | Miami, Florida 33137                   | 19          | ,          | 2022        | _        |
| 7. Name and street addres  | ss of Florida registered agent: (P.O. Box   | TOM                            | acceptable)                            |             |            | 2022 OCT 21 | GHTI.!   |
| Name:  | Corporate Creations Network Inc.  |                                |  |             |            | PH 12: 5:   | <u>[</u> |
| Office Address:  | 801 US Highway 1  |                                |  |             |            | 2: 55       |          |
|  | North Palm Beach  |                                | 33408<br>, Florida                     |             |            |             |          |
|  | (City)  |                                | (Zip code)                             |             |            |             |          |

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.

| E CONTRACTOR OF THE CONTRACTOR | Lauren Duenas, Special Secretary |
|--|----------------------------------|
| (Registered a  | gent's signature)                |

## H22000361829 3

| 8. | For initial indexing purposes, lis | ist names, title or capac | ity and addresses o | f the primary | members/managers or | persons authorized to |
|----|------------------------------------|---------------------------|---------------------|---------------|---------------------|-----------------------|
| mu | mage (up to six (6) total):        |                           |                     |               |                     |                       |

| Title or Capacity: | Name and Address:             | Title or Capacit | Y:          | Name and Address: |
|--------------------|-------------------------------|------------------|-------------|-------------------|
| □Manager           | Name: Michael Stern           | □Manager         | Name:       |                   |
| □Member            | Address:                      | □Member          | Address:    |                   |
| Authorized         | 120 NE 27th Street, Suite 200 | □Authorized      |             |                   |
| Person             | Miami, Florida 33137          | Person           |             |                   |
| Other              | Other                         | Other            |             | Other             |
| □Manager           | Name:                         | □Manager         | Name:       |                   |
| □Member            | Address:                      | □Member          | Address:    | <u></u>           |
| □Authorized        |                               | □Authorized      |             | <u> </u>          |
| Person             |                               | Person           | <del></del> |                   |
| □Other             | Other                         | Other            |             | □Other            |
| □Manager           | Name:                         | □Manager         | Name:       |                   |
| □Мстbст            | 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.

| al            |                                   |
|---------------|-----------------------------------|
|               | Signature of an authorized person |
| Michael Stern |                                   |
|               | Typed or printed name of signee   |

## Delaware The First State

Page 1

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

DELAMARE, DO HEREBY CERTIFY "888 BRICKELL OWNER 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 TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "888 BRICKELL OWNER LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2021.

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

5879839 8300 SR# 20223819278

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

MSR

Authentication: 204665035

Date: 10-20-22