M220000 18270

(Requestor's Name)
(Address)
(Address)
(2001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danish Market
(Document Number)
Dentified Copies Certificates of Status
Consideration to Filian Officers
Special Instructions to Filing Officer:

Office Use Only



300398560643

2022 DEC -8 PM 5: 55

APPROVED

12 DEL -C PM 2:51

OEC 0 8 2022

. Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

To Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/8	3/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1101897

PLEASE PERFORM THE FOLLOWING SERVICES	;	 	
1236 CHANNELSIDE DRIVE OWNER LLC (FL)			

File the attached foreign qualification document and provide a certified copy

		
NATEC:		
NOTES:		
A455.00 A 11		

\$155.00 Authorized

Email address for annual report reminders: Lisa@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, December 8, 2022 Page 1 of 1

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

IN COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGOVELAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate r	came adopted for the purpose of transacting business in Flo	orida. The alternate name must inc	hade "Limited Liability (Company," "L.L.("	," or "LEC "	
Delaware Ourisdiction under the law of w	hich foreign limited liability company is organized)	3	(Fl:1 number, if ap	iplicable)		
. <u> </u>	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration) se penalty liability)	 			
Street Address of Principal Office)		6	n)			
2 Landmark Square, St	nite 207	2 Landmark Squ	are, Suite 207			
Stamford, CT 06901		Stamford, CT 0	6901			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		41.11.7.1.7.1.7.7.7.7.7.7.7.7.7.7.7.7.7.	ງຄວາ ກະດ	
Name:	NRAI Services, Inc.			-8 PH		
Office Address:	1200 South Pine Island Road				ָד	
	Plantation	Florida	33324	· · · · · ·		
	(Cny)		(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.

NRAI Services, Inc.

By: Lisa A. Delaney

(Register of agent's signature)

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and () total]:	l addresses of the primary n	nembers/managers or persons authorized to	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: David J. Carlins	□Manager	Name:	
□Member	Address: 225 N Columbus Drive	□Member	Address: 225 N Columbus Drive	
■Authorized	Suite 100	■ Authorized	Suite 100	
Person	Chicago, IL 60601	Person	Chicago, IL 60601	
Other	Other	□Other	Other	
□Manager	Name: Kevin Davis	□Manager	Nick Benjamin	
□Member	Address: 2 Landmark Square, Suite 207	□Member	Address: 2 Landmark Square, Suite 207	
■ Authorized	Stamford, CT 06901	■ Authorized	Stamford, CT 06901	
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	Other	
9. Attached is a cert jurisdiction under the of the translator must 10. This document	is executed in accordance with section 605.0 ment to the Department of State constitutes a	Florida Department of State d. duly authenticated by the cate is in a foreign language 203 (1) (b). Florida Statutes third degree felony as provi	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information ded for in s.817.155, F.S.	
Doxia Dargaty Signature of an authorized person				
Doxia Dargaty				

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "1236 CHANNELSIDE DRIVE 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 SEVENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1236 CHANNELSIDE DRIVE OWNER LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 205033748

Date: 12-07-22