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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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S. ROBERTS
DEC 12 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 194918 8353560

AUTHORIZATION :

COST LIMIT : \$ 125 00

ORDER DATE: December 8, 2022

ORDER TIME : 9:14 AM

ORDER NO. : 194918-005

CUSTOMER NO: 8353560

FOREIGN FILINGS

NAME: EDEN OAKS OWNER, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO:

Registration Section

EDEN OAKS OWNER, LLC	
Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business in
turn all correspondence concerning this matter t	o the following:
NATALIE KOZA	
	Name of Person
GOODKIND & FLORIO PA	
-	Firm/Company
4121 LA PLAYA BLVD	
-	Address
MIAMI, FL 33133	
C	ity/State and Zip Code
NATALIE@GOODKINDANDFLORIC	O.COM
E-mail address: (to be	used for future annual report notification)
er information concerning this matter, please ca	N:
	at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	

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:

EDEN OAKS OWNE	R, ELC Limited Liability Company; must include "Limite		7		
(Name of Foreign	t Limited Liability Company; must include "Limite	ed Liabilit	y Company, LLC, for "LEC.)		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in I	Florida The	alternate name must include "Limited Liability	Company," "L.L.C.	." or "l.LC.")
DELAWARE					
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if a	pplicable)	
4				_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to detern	o registratio nine penalty	n.) Hability)		
251 LITTLE FALLS DRIVE 5.		6	251 LITTLE FALLS DRIVE		
Ostreet Address of Principal Office)		0.	(Mailing Address)		
WILMINGTON, DE 19808			WILMINGTON, DE 19808		20
				-	iazz dec
				: 1	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)		AH
Name:	UNITED STATES REGISTERED AC	GENTS,	INC.	:-	MH II: 12
Office Address:	9300 S. DADELAND BLVD., SUITE 600				
	MIAMI		33156 . Florida		
	(City)	•	(Zip code)	•	
designated in this applicate to comply with the provise	otance: egistered agent and to accept service of a ation, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	ıs regist	ered agent and agree to act in thi	s capacity. 1)	further agree
	John	n Hofn	nann		
	(Registered agent's			•	

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 Capacity: Name and Address: JAY JACOBSON □Manager □Manager Name: ____ Address: __ ■Member □Member Address: MIAMI, FL 33133 Authorized ☐ Authorized Person Person □Other_____ □Other _____ □Other □Other_____ □Manager Name: □Manager □Member Address: ______ □Member Address: ☐ Authorized □ Authorized Person Person □Other □ Other Other □Other □Manager □Manager Name: □Member Address: _____ □Member Address: ____ ☐ 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 degree felony as provided for in s.817.155, F.S. Signature of an authorized person NATALIE KOZA

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "EDEN OAKS 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDEN OAKS OWNER,

LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2022.

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



Authentication: 205047767

Date: 12-08-22