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	To:	Division of Co Fax Number	rporations : (850)617-6383		BW 15516		
	From:				ō		
		Account Number Phone	: REGISTERED AGENTS IN : 120090000081 : (307)200-2803 : (855)330-1010	IC .	L:: 11: 06		
_ _			is for this business en ings. Enter only one em				
- خ	Ema	nil Address:					
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·	Foreign Limited Liability Company Daytona FL Operating Company LLC						
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\$125.00

S. ROBERTS

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

IN COMPLIANCE WITH SECTION 6050602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY.

name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flori	da. The alternate name must usclude "Limited Eighthty Company	.""L L C." er "L
Delaware		_{3.} 92-1352655	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FLI number, if applicable)	1
	(Date first transacted business in Hurida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration (penalty liability)	
7901 4th St	: N STE 300	6. 7901 4th St N STE 300	
treet Address of Principal Office)		(Mathing Address)	
St. Petersbi	urg FL 33702	St. Petersburg FL 33702	
			- 23
Name and street addres	ss of Florida registered agent: (P.O. Box 2	<u>SOT</u> acceptable)	20 70=016
			<u> </u>
Name:	Registered Agents Inc		
	7001 4th Ct N STE 200		
Office Address:	7901 4th St N STE 300	1.10	90
	St. Petersburg	. Florida 33702	
	(Cit ₂)	i Zip code)	

(Registered agent's signature)

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	<u>ıv:</u>	Name and Address:
□Manager	Name: David Herskowitz	□Manager	Name:	
X Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	Person		
□Other	Other	⊡()ther		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	<u></u>	Authorized		
Person		Person		
□Other		⊡Other		□Other
□Manager	Name:	□Manager	Name:	
⊡Member	Address:	□Member	Address:	
□Authorized		\Box Authorized		
Person		Person		
□Other		□Other		□Other

- 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.

_	R: Lung Park.	
······································	Signature of an authorized person	
Riley Park		
	Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DAYTONA FL OPERATING COMPANY 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 SIXTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAYTONA FL

OPERATING COMPANY LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER,

A.D. 2022.

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

Authentication: 205113755

Date: 12-16-22

7179569 8300 SR# 20224289746