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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844) 386-0178
Fax Number : (214) 317-4754

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

Email Address: _____

Foreign Limited Liability Company

Island Club SPV Prop LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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:

ISLAND CLUB SPV PROP LLC

1. _____
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

2. _____
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
Delaware

3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (Tax 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. _____
(Street Address of Principal Office)
1650 Coral way, 908
Coral Gables, FL, 33145

6. _____
(Mailing Address)
1650 Coral way, 908
Coral Gables, FL, 33145

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

LEGALINC CORPORATE SERVICES INC.
Name: _____
476 Riverside Ave
Office Address: _____
Jacksonville 32202
_____, Florida _____
(City) (Zip code)

2022 DEC 16 PM 2:27

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)

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 _____
☒ Member Address _____
 1650 Coral way, 908
☐ Authorized _____
 Coral Gables, FL, 33145
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

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

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

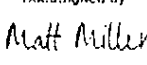
☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ 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.

DocuSigned by:


 Signature of an authorized person

Matt Miller

Typed or printed name of signee

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ISLAND CLUB SPV PROP 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 SIXTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISLAND CLUB SPV PROP LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2022.

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



7163053 8300

SR# 20224183384

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205014632

Date: 12-06-22

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