

M23000000305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

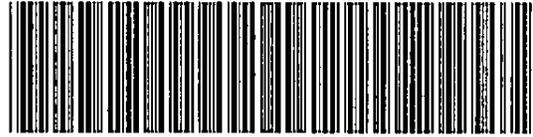
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/19/22--01034--024 \*\*150.00

2022 DEC 19 PM 3:23

S. FRANKLIN

JAN - 9 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OPF V International LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen A. Hamlin

\_\_\_\_\_  
Name of Person

DarrowEverett LLP

\_\_\_\_\_  
Firm/Company

One Turks Head Place, Suite 1200

\_\_\_\_\_  
Address

Providence, RI 02903

\_\_\_\_\_  
City/State and Zip Code

jcarciari@darroweverett.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen A. Hamlin

843

867-2802

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

2008-10-10

**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. OPF V International LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware 3. 88-3790927  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/ /2022  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 S Biscayne Blvd 6. 200 S Biscayne Blvd  
(Street Address of Principal Office) (Mailing Address)  
FL 7 FL 7  
Miami, FL 33131 Miami, FL 33131

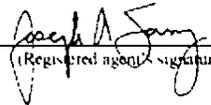
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

2023-12-15 11:30 AM

**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]:

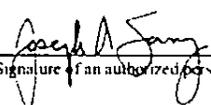
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Joseph A. Sanz	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	200 S Biscayne Blvd	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		FL 7	_____	<input type="checkbox"/> Authorized Person		_____	_____
		Miami, FL 33131	_____			_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____

2/11/15  
 10  
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**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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Joseph A. Sanz  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPF V INTERNATIONAL 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.

2022 DEC 15 PM 3:03



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.

6976514 8300

SR# 20224263543

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 205098407

Date: 12-14-22