

# A230000000633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

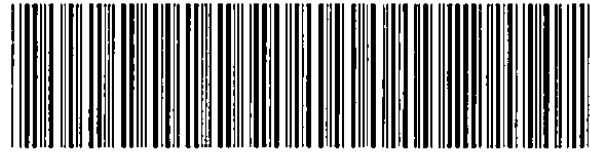
(Business Entity Name)

(Document Number)

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

Instructions to Filing Officer:

Office Use Only



200400726522

2023 JAN 18 AM 9:04



2023 JAN 19 AM 1:21

S. ROBERTS

JAN 19 2023

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 01/18/2023

Acc#I20160000072

*mic DW*

Name:	791 POC, LLC
Document #:	
Order #:	14732688

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notifications:

snowo@gtlaw.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 160.00

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 791 POC, 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:

Olivia Snow

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

Greenberg Traurig, LLP

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

222 Delaware Avenue, Suite 1600

\_\_\_\_\_  
Address

Wilmington, DE 19801

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

snowo@gtlaw.com

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

For further information concerning this matter, please call:

Olivia Snow

302

661-7355

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 &    ☐ \$155.00 Filing Fee &    ☒ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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:

791 POC, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

Delaware

88-1363735

(Jurisdiction under the law of which foreign limited liability company is organized)

5.

(FEI number, if applicable)

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

1013 Lucerne Avenue, Suite 300

1013 Lucerne Avenue, Suite 300

(Street Address of Principal Office)

6.

(Mailing Address)

Lake Worth Beach, Florida 33460

Lake Worth Beach, Florida 33460

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

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.*

C T Corporation System

By:

(Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

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: LWB Holdings, LLC  
[Member]                      Address: 1013 Lucerne Avenue, Suite 30  
[Authorized]                      Lake Worth Beach, FL 33460  
[Person]                      \_\_\_\_\_  
[Other]                      ☐ Other \_\_\_\_\_

[Manager]                      Name: \_\_\_\_\_  
[Member]                      Address: \_\_\_\_\_  
[Authorized]                      \_\_\_\_\_  
[Person]                      \_\_\_\_\_  
[Other]                      ☐ Other \_\_\_\_\_

[Manager]                      Name: \_\_\_\_\_  
[Member]                      Address: \_\_\_\_\_  
[Authorized]                      \_\_\_\_\_  
[Person]                      \_\_\_\_\_  
[Other]                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ [Manager]                      Name: Bhavin Shah  
☐ [Member]                      Address: 1013 Lucerne Avenue, Suite 30  
☐ [Authorized]                      Lake Worth Beach, FL 33460  
[Person]                      \_\_\_\_\_  
☐ [Other]                      ☐ Other \_\_\_\_\_

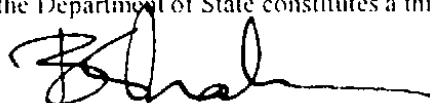
☐ [Manager]                      Name: \_\_\_\_\_  
☐ [Member]                      Address: \_\_\_\_\_  
☐ [Authorized]                      \_\_\_\_\_  
[Person]                      \_\_\_\_\_  
☐ [Other]                      ☐ Other \_\_\_\_\_

☐ [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.

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)

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

Bhavin Shah

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 "791 POC, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2023.

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



6691713 8300

SR# 20230170168

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

A handwritten signature in black ink, appearing to read "JB", 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: 202517418

Date: 01-18-23