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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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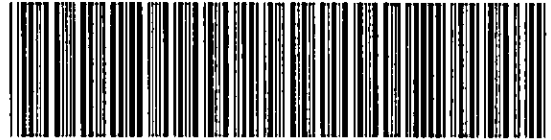
(Business Entity Name)

(Document Number)

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SAAVEDRAGOODWIN

ATTORNEYS & COUNSELORS AT LAW

888 S.E. 3RD AVENUE, SUITE 500
FORT LAUDERDALE, FLORIDA 33316
PH: (954) 767-6333/FAX: (954) 767-8111

ATTORNEYS:

DAMASO W. SAAVEDRA (AV RATED)
ALLYSON D. GOODWIN
GLEN M. LINDSAY (AV RATED)
ROBIN L. WILLNER (AV RATED)
CAITLIN J. BRONSTEIN
MELISSA STEWART
NANCY RUBIN

ATTORNEYS LICENSED IN:

FLORIDA
CONNECTICUT
ILLINOIS
WASHINGTON, D.C.
COLORADO

OF COUNSEL:

RANDOLPH M. BROMBACHER (AV RATED)
MARIO THOMAS GABOURY
L. FORREST OWENS
(BOARD CERTIFIED IN AVIATION LAW)

SENDER'S E-MAIL ADDRESS:

dsaaavedra@saavlaw.com

December 29, 2022

VIA FEDERAL EXPRESS

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

**Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida**

Entity Name: Plum Beach Partner, LLC

Dear Sir/Madam:

Enclosed please find an executed *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* for processing and filing. Also enclosed is our check in the total amount of \$125.00 payable to Florida Department of State for payment of the filing fee.

Please call my office directly at (954) 767-6333 if there are any questions. Thank you for your prompt attention to this matter.

Sincerely,

SAAVEDRA-GOODWIN

/s/ Damaso W. Saavedra

DAMASO W. SAAVEDRA, ESQ.
FOR THE FIRM

Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Plum Beach Partner, 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:

Damaso W. Saavedra, Esq.
Name of Person
Saavedra-Goodwin
Firm/Company
888 SE 3rd Avenue, Suite 500
Address
Fort Lauderdale, FL 33316
City/State and Zip Code
salejo@saavlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damaso W. Saavedra, Esq. at (954) 767-6333
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

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PLUM BEACH PARTNER 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 "LLC.")

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

3. 11-3454633
(FEI number, if applicable)

4. December 28, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2901 GATEWAY DRIVE
(Street Address of Principal Office)

6. 2901 GATEWAY DRIVE
(Mailing Address)

POMPANO BEACH, FL 33069

POMPANO BEACH, FL 33069

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

Name: Saavedra-Goodwin

Office Address: 888 SE 3rd Avenue, Suite 500

Fort Lauderdale, Florida 33316
(City) (Zip code)

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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.

Rolun L. Wallan, Esq.
(Registered agent's signature)
for Saavedra-Goodwin

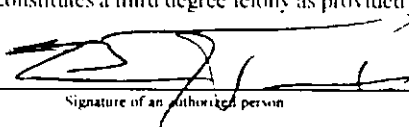
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Michael F. Tucci	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2901 Gateway Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Pompano Beach, FL 33069	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Michael F. Tucci

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 "PLUM BEACH PARTNER 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 SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLUM BEACH PARTNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2018.

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



7205836 8300

SR# 20223719832

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 in a small font.

Authentication: 204572969

Date: 10-07-22