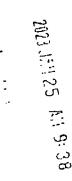
# M2300000982

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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ALCEIVED

S. ROBERTS JAN 2 6 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 411421 7833946

AUTHORIZATION :

COST LIMIT : \$ 125 00

ORDER DATE: January 25, 2023

ORDER TIME : 2:56 PM

ORDER NO. : 411421-005

CUSTOMER NO: 7833946

#### FOREIGN FILINGS

NAME: SOLE MIAMI UNIT OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJEC	Sole Miami Unit Owner, LLC	
50000		Name of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this n	natter to the following:
	Camilo Miguel, Jr.	
	<del> </del>	Name of Person
	Sole Miami Unit Owner LLC	
		Firm/Company
	2601 S. Bayshore Drive, Ste. 85	50
		Address
	Miami, FL 33133	
	<del></del>	City/State and Zip Code
	CNazarkewich@mastcapital.com	
	E-mail address	: (to be used for future annual report notification)
For furth	ner information concerning this matter, ple	ease call:
Camilo Miguel, Jr.		at ( ) 531-2426  Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amore Please make check payable to: FLORID.  \$\Begin{array}{c} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A DEPARTMENT OF STATE

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

IN COMPLANCE 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. Sole Miami Unit Owne (Name of Foreign	Limited Liability Company; must include "Limited	Liability Compa	any," "L.L.C.," or "L.I.C.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Liabii	lity Company."	"L.l. C." or "L1.C.
		orraz. The arterimic	Table High High Code Hilling Code	my company.	mit, w EEC.
Delaware 2.	hich foreign limited liability company is organized)	3.			
(Jurisdiction under the law of w		(FEI number, if applicable)			
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ) ne penalty liability)			
2601 S. Bayshore Driv	'e	2601	S. Bayshore Drive		
Street Address of Principal Office)		V. ——	Mailing Address)		
Suite 850		Suite	850		
Miami, FL 33133			ii, FL 33133		21
				.*	20k3 J.K.:
. Name and street addres	able)		<u> </u>		
				· · ·	25
Name:	Corporation Service Company		_	•	2 <del>-</del>
	1201 Have Same				$\ddot{\mathbf{v}}$
Office Address:	1201 Hays Street		-	<del></del> ·	ယ ထ
	Tallahassee		32301 , Florida	_	
	(City)		(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.

(Registered agent's signature)

Camilo Miguel, Jr.

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Wacker Lake Sole Miami LLC M-17315 Collins Avenue Hotel, LLC □Manager □Manager Address: 353 N. Clark Street Address: \_\_\_ 2601 S. Bayshore Drive ■Member ■ Member Ste. 1950 Ste. 850 ☐ Authorized □ Authorized Chicago, IL 60654 Miami, FL 33133 Person Person □Other\_ Other Other\_\_\_\_ □Other\_\_\_\_ □ Manager □Manager Name: \_\_\_\_\_ □Member □Member Address: Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_ □Manager Name: □Manager Address: □Member ☐ Member Address: \_\_\_\_ □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. DD977EF5A080484 Signature of an authorized person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SOLE MIAMI UNIT OWNER, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLE MIAMI UNIT OWNER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2022.

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



Authentication: 202574112

Jeffrey W. Buffock, Secretary of State

Date: 01-25-23