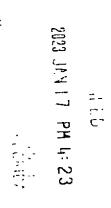
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER

Registration Section

TO:

T: Nar	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," Cer e referenced foreign limited liability company to transact business
turn all correspondence concerning this matter	to the following:
John Weiss	
	Name of Person
Shelving Rock, LLC	
	Firm/Company
601 Brickell Key Dr. Ste 700	
	Address
Miami, FL 33131	
	City/State and Zip Code
jweiss@shelvingrock.com	
E-mail address: (to b	be used for future annual report notification)
er information concerning this matter, please c	all:
John Weiss	203 993-6224 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
· · · · · · · · · · · · · · · · · · ·	

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

1. FT171, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	usture adobted for the brithore of datasecting priemers in a	lorida. The alternate	name must include "Limited Liability	y Company," "L.L.C."	
Delaware			372911		
(Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number, if applicable)		
,					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)		-	
recial LLC	(See sections out).0909 & 003.0903, F.S. in delicate				
FT171, LLC		6.	, LLC		
ect Address of Principal Office)		- 	Mailing Address)		
601 BRICKELL KEY	DR SUITE 700	601 B	601 BRICKELL KEY DR SUITE 700		
MIAMI, FL 33131		MIAMI, FL 33131			
Name and street addre	ss of Florida registered agent: (P.O. Bo	NOT accepta			
Name and street addre	ss of Florida registered agent: (P.O. Bo	NOT accepta	uble) ચંદ	2023	
Name:		x <u>NOT</u> accepta		2023 IFN 1	
	C T Corporation System 1200 South Pine Island Road	x <u>NOT</u> accepta		7.1.1.1.1	
Name:	C T Corporation System 1200 South Pine Island Road Plantation	x <u>NOT</u> accepta	33324 Florida	IN 17 PM	
Name:	C T Corporation System 1200 South Pine Island Road	x <u>NOT</u> accepta	33324	IN 17 PH 4:	
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)		, Florida 33324	1417 PM 4: 23	
Name: Office Address: egistered agent's acceptions been named as re	C T Corporation System 1200 South Pine Island Road Plantation (City) otance: egistered agent and to accept service of	process for the	, Florida (Zip code) (IN 17 PH 4: 23	
Name: Office Address: egistered agent's acceptiving been named as resignated in this applica	C T Corporation System 1200 South Pine Island Road Plantation (City) Itance: registered agent and to accept service of thion, I hereby accept the appointment of	process for the as registered ag	, Florida	ility company at its capacity. I fu	
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications with the provis	C T Corporation System 1200 South Pine Island Road Plantation (City) Interest and to accept service of thion, I hereby accept the appointment of the ions of all statutes relative to the property of my position as registered agent.	process for the as registered ag	, Florida	ility company at its capacity. I fu	
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications with the provis	C T Corporation System 1200 South Pine Island Road Plantation (City) Interest and to accept service of thion, I hereby accept the appointment of the ions of all statutes relative to the property of my position as registered agent.	process for the is registered ag r and complete	33324 , Florida (Zip code) (Zip c	ility company at its capacity. I fu	
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications with the provis	C T Corporation System 1200 South Pine Island Road Plantation (City) Interest and to accept service of the appointment of ions of all statutes relative to the proper	process for the as registered ag r and complete Mark Ho	, Florida	ility company at its capacity. I fi	

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: Title or Capacity: Name and Address: Name: Stephen Lamando ■ Manager Name: □Manager Address: 601 Brickell Key Dr. ☐ Member ☐ Member Address: Stc 700 ☐ Authorized ☐ Authorized Miami, FL 33131 Person Person □Other___ □Other_____ Other____ Other_____ Brian Newman ☐ Manager Name: _____ □ Manager Address: _____ ☐ Member Address: ☐Member Ste 700 Authorized ☐ Authorized Miami, FL 33131 Person Person Other □Other_____ □Other_____ □Other____ □ Manager Name: Name: _____ □ Manager □ Member Address: ☐ 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. 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 "FT171, 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 THIRD DAY OF JANUARY, A.D. 2023.

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



Authentication: 202408348

Date: 01-03-23