

2/22/23, 11:19 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
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Fax Number : (302)674-5266

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rrico@crestent heights.com

**Foreign Limited Liability Company
3100 BISCAYNE DEVELOPER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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S. ROBERTS

FEB 22 2023

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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. 3100 BISCAYNE DEVELOPER, LLC

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

2. DELAWARE

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

3. APPLIED FOR

(FEI number, if applicable)

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

2200 BISCAYNE BOULEVARD

5. (Street Address of Principal Office)

MIAMI, FLORIDA 33137

2200 BISCAYNE BOULEVARD

6. (Mailing Address)

MIAMI, FLORIDA 33137

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

Name: JONATHAN NEWBERG

Office Address: 2200 BISCAYNE BOULEVARD

MIAMI

(City)

, Florida 33137

(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.

By:

(Registered agent's signature)

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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:**

☐ Manager Name: Marisa Galbut

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person

☒ Other President ☐ Other

☐ Manager Name: Jonathan Newberg

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person

☒ Other Vice President ☐ Other

☐ Manager Name: Pablo DeAlmagro

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person

☒ Other Treasurer ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Chantal DeVos

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person

☒ Other Vice President ☐ Other

☐ Manager Name: Shlomo Dachoh

☐ Member Address: 2200 Biscayne Boulevard

☐ Authorized Miami, Florida 33137

Person

☒ Other Secretary ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

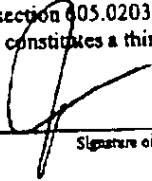
Person

☐ 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.

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

Jonathan Newberg

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3100 BISCAYNE DEVELOPER, 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-SECOND DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3100 BISCAYNE DEVELOPER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2023.

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



7306712 8300

SR# 20230630078

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: 202761093

Date: 02-22-23

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