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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

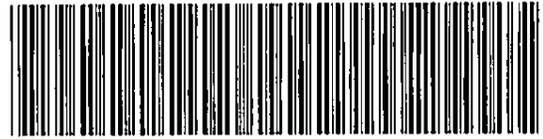
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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UNDERWOOD & ROBERTS, PLLC

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING A PROFESSIONAL ASSOCIATION

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Southern California/Nevada Office
2400 S. Cimarron Road #140,
Las Vegas, Nevada 89117
Tel: (702) 699-7333

March 24, 2023

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

RE: 2650 Biscayne Blvd LLC

Dear Sir/Madam:

Enclosed is the following to Foreign Qualify the above entity in the state of Florida:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- North Carolina Certificate of Existence
- Check in the amount of \$125.00 for the filing fee

If there are any questions regarding this filing, please contact me. Thank you for your assistance.

Andrea Cannon
acannon@rlulaw.com

3110 Edwards Mill Road, Suite 300
Raleigh, NC 27612
Tel: 919-664-8803

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TALLAHASSEE, FLORIDA

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. 2650 Biscayne Blvd 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. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-3081846 (FEI number, if applicable)

4. 3/23/2023 (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5839 Capital Boulevard (Street Address of Principal Office)
6. Post Office Box 58646 (Mailing Address)
Raleigh, NC 27616-2937 Raleigh, NC 27658-8646

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

Name: Robert L. Underwood
Office Address: 5728 Major Blvd, Suite 550
Orlando, Florida 32819
(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.

(Handwritten signature)
(Registered agent's signature)

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]:

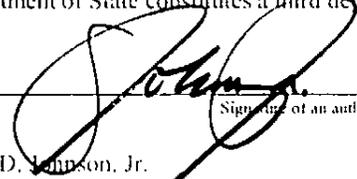
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|---------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: C. David Johnson, Jr. _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 5839 Capital Boulevard _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | Raleigh, NC 27616-2937 _____ | <input type="checkbox"/> Authorized 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 Person | _____ | <input type="checkbox"/> Authorized 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 Person | _____ | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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 TALLAHASSEE, FLORIDA

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
 Carl D. Johnson, Jr.

 Typed or printed name of signer



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

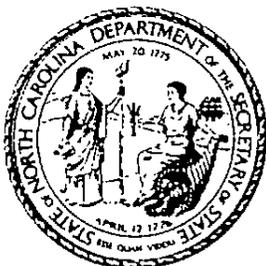
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

2650 BISCAYNE BLVD LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of March, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

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RALEIGH, NC



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of March, 2023.

Elaine F. Marshall

Secretary of State