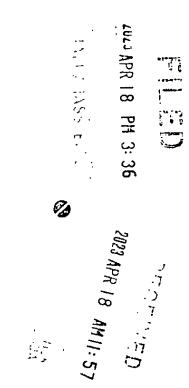
M23000004996

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
	i

Office Use Only



100405819841



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 680360 4332382

COST LIMIT SERVES 1002 Man

ORDER DATE: April 17, 2023

ORDER TIME : 8:56 AM

ORDER NO. : 680360-005

CUSTOMER NO: 4332382

FOREIGN FILINGS

NAME: DJT OPERATIONS I LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_____ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

\$ 5

то:	Registration Section Division of Corporations					
SUBJE	DJT Operations I LLC					
SUBJECT: Name of Limited Liability Company						
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matte	er to the following:				
	Liz Kyprislidis					
	Name of Person					
		Firm/Company				
	725 5th Avenue, 26th floor					
	Address					
	New York, NY 10022					
City/State and Zip Code						
	Liz.Kyprislidis@trumporg.com					
	E-mail address: (to	o be used for future annual report notification)				
For fur	ther information concerning this matter, please	call:				
Liz Kyprislidis		212 715-7285 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D ■ \$125.00 Filing Fee □ \$130.00 Filing Certifica	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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori		lity Company," "L.L.C," or '	1.LC,")	
Delaware		27-3212458			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	(FEI number,	ıf applicable)	_	
Upon filing					
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	penalty liability)			
c/o Trump National Golf Club Jupiter		c/o Trump National Golf Club Jupiter			
treet Address of Principal Office)		6. (Mailing Address)			
115 Eagle Tree Terrace		115 Eagle Tree Terrace			
Jupiter. FL 33477		Jupiter, FL 33477			
	 	-		-	
. Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	: 2	-	
Name and street address Name:	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	LÜZD APR	ess :	
		NOT acceptable)	TÄLLEMASS	#1001 6.01 1000 1000 1000 1000 1000 1000	
Name:	Corporation Service Company	32301	APR 18 PH 3:	enet in e in e in e in e	
Name:	Corporation Service Company 1201 Hays Street		1043 APR 18 PH 3: 36	ener Line State Con- Con- Con- Con- Con- Con- Con- Con-	

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Eric Trump	□Manager	Name:Donald J. Trump, Jr.
□Member	Address:	□Member	Address:
□Authorized	115 Eagle Tree Terrace	□Authorized	115 Eagle Tree Terrace
Person	Jupiter, FL 33477	Person	Jupiter, FL 33477
■Other	Other	■ Other	Treasurer <u>■</u> Other
□Manager	Name:Donald J. Trump, Jr.	□Manager	Name:
□Member	Address: c/o TNGC Jupiter	□Member	Address:
□Authorized	115 Eagle Tree Terrace	□Authorized	
Person	Jupiter, FL 33477	Person	
■Other Vice President	dent Secretary Secretary	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□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.



Page 1



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

DELAWARE, DO HEREBY CERTIFY "DJT OPERATIONS I 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 SEVENTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DJT OPERATIONS I LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2010.

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

APYS OF CONTROL OF CON

Authentication: 203154379

Jeffrey W. Buffoch, Secretary of State

Date: 04-17-23