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(((H23000159118 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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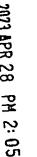
Foreign Limited Liability Company Belforti Sea Gate, LLC

Certificate of Status	1
Certified Copy	0
Page Count	64
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Help





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

IN COMPLIANCE WITH SECTION (05:000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Belforti Sea Gate LLC	Eimited Liability Company, must include "Eimite				
(Name of Foreign	Emited Liability Company, must include "Emite	st Liability	Company," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in E	iorida. The a	Remate name must include "Limited Liab	bility Company," "L.I. C." or "L	LC.")
Georgia 2.		3			
(darkdiction under the faw of w	hich foreign limited liability company is organized)	• •	(FT:1 numbe	r, il applicablet	
:					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration and penalty I) iability)		
405 Golfway West Dri	ive, #300	6.	405 Golfway West Drive, #3	00	
Street Address of Principal Office)			(Mailing Address)		
St. Augustine, FL 3209	95		St. Augustine, Fl. 32095		
		•		2023 SE	
		-		2023 APR SECRET	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> a	cceptable)	R 28 T	(
				986 P R	2 8 2 8
Name:	Barry W. DeGroot			PM 2: 05 OF STATE SSEE, FL	C
, venc,	405 Golfway West Drive, #300			^건 전문 05	
Office Address:	405 Gottway West Partie, #500				
	St. Augustine		32095 , Florida		
	(Cny)		(Zip cisk)		

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.

Tasha Cdwards Tasha Edwards, Attorney-in-Fact

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:
■Manager	Name: Frederick P. Belforti	□Manager	Name;	
□Member	Address: 405 Golfway West Drive, #300	□Member	Address:	
□Authorized	St. Augustine, FL 32095	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□()ther
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Meinher	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.847.155, F.S.

Tax	sha Edwards
Sign	nature of an authorized person
Tasha	Edwards, Attorney-in-Fact
Tvi	red or minted name of signer

Control Number: 21010072

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Belforti Sea Gate LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 25150052
Date Inc/Auth/Filed: 01/07/2021
Jurisdiction : Georgia
Print Date : 04/28/2023

Form Number : 211



Brad Raffansperger

Brad Raffensperger Secretary of State