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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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2023 MAY 18 PM12:02

CLERK OF COURT
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/18/2023

****WALK IN****

ENTITY NAME CLAT Holdings, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

XXXXXX

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$130

ACCOUNT #: I20160000072

E R H

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLAT HOLDINGS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIEL P. SOKOLOFF

Name of Person

TAX ADVISORS OF SOUTH FLORIDA

Firm/Company

715 E. HILLSBORO BLVD, 2ND FLOOR

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

DSOKOLOF@TAXSOFLA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL SOKOLOFF

954 360 - 8477
at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CLAT HOLDINGS, 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. DELAWARE

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

3. 93-1398680

(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)

5. 715 E HILLSBORO BLVD

(Street Address of Principal Office)

6. 715 E HILLSBORO BLVD

(Mailing Address)

2ND FLOOR

2ND FLOOR

DEERFIELD BEACH, FL 33441

DEERFIELD BEACH, FL 33441

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

Name: DANIEL P. SOKOLOFF, CPA PA

Office Address: 715 E HILLSBORO BLVD, 2ND FLOOR

DEERFIELD BEACH

(City)

Florida 33441

(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.

(Registered agent's signature)

2023 MAY 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: DANIEL SOKOLOFF

☐ Member Address: 715 E HILLSBORO BLVD

☒ Authorized 2ND FLOOR

DEERFIELD BEACH, FL 33441

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

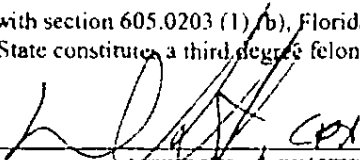
Person

☐ 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

DANIEL P. SOKOLOFF

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "CLAT HOLDINGS, LLC",
FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF MAY, A.D. 2023, AT
3:13 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7462958 8100
SR# 20232056972

Authentication: 203351985
Date: 05-15-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:13 PM 05/15/2023
FILED 03:13 PM 05/15/2023
SR 20232056972 - File Number 7462958

**CERTIFICATE OF FORMATION
OF
CLAT HOLDINGS, LLC**

FIRST: The name of the limited liability company is CLAT HOLDINGS, LLC.

SECOND: Its registered office is to be located at 501 Silverside Road, Suite 105, Wilmington, DE 19809, County of New Castle. The name of the registered agent at such address is VALIS Group Inc.

THIRD: The purpose of the limited liability company shall be to engage in any lawful act or activity for which a limited liability company may be formed under the Limited Liability Company law of the State of Delaware.

FOURTH: The limited liability company shall have perpetual existence.

FIFTH: Management of the limited liability company is vested in the member(s) in accordance with their membership interests, unless this is varied by the operating agreement. A limited liability company member may not assign, either wholly or partially, the right to participate in management without the written consent of all limited liability company member(s). From this day hence, the undersigned has fulfilled the duties of Organizer and relinquishes all further duties to the initial Member(s) of CLAT HOLDINGS, LLC. The initial member(s) of the limited liability company shall be:

LIVOLSI FAMILY LLLP
1250 S. PINE ISLAND ROAD, STE 200
PLANTATION, FLORIDA 33324
United States of America

TROISI FAMILY INVESTMENT HOLDINGS LLC
898 SWEETGRASS STREET
LOXAHATCHEE, FLORIDA 33470
United States of America

SIXTH: The initial managers of the limited liability of company shall be:

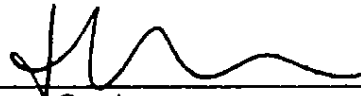
CHRISTOPHER LIVOLSI
1250 S. PINE ISLAND ROAD, STE 200
PLANTATION, FLORIDA 33324
United States of America

ANTONIO TROISI
898 SWEETGRASS STREET
LOXAHATCHEE, FLORIDA 33470
United States of America

SEVENTH: The name and mailing address of the person forming this limited liability company at the instruction of its member(s) is as follows:

Tracey Gendron
501 Silverside Road, Suite 105
Wilmington, DE 19809

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of CLAT HOLDINGS, LLC on this fifteenth day of May, 2023.



Tracey Gendron
Organizer