

M23000009164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

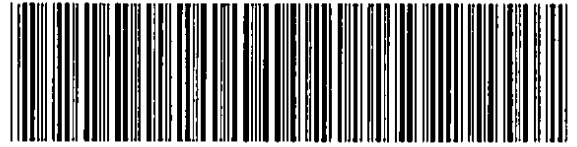
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-96199

Office Use Only



700406661517

APPROVED
AND
FILED

2023 JUL 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUL 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2023

Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: PALMDALE SYNDICATION, LLC
Ref. Number: W23000096199

We have received your document for PALMDALE SYNDICATION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

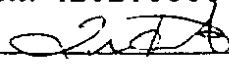
KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 523A00015590

2023 JUL 17 AM 10:49

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: \$130.00

Authorization Signature: 
Palmdale Syndication, LLC

☐ Certified Copy of Articles

☒ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLLP**

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Authority**

OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

REGISTRATION/QUALIFICATIONS

- ☒ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALMDALE SYNDICATION, 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:

Mauricio Rauld

Name of Person

Premier Law Group

Firm/Company

1910 S El Camino Real, Suite E

Address

San Clemente, CA 92672

City/State and Zip Code

cs@plglp.com; Edward Cernobori edward@blacktreegroup.com

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

For further information concerning this matter, please call:

Mauricio Rauld

949

258-2339

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

PALMDALE SYNDICATION FL, 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 3. 86-3899615
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8 The Green, Suite R
(Street Address of Principal Office)

6. 1317 Edgewater Dr.
(Mailing Address)

Dover, Delaware 19901

Unit 1536

Orlando, FL 32804

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

Name: Registered Agents, Inc.

Office Address: 7901 4th Street N., Suite 300

St. Petersburg FL 33702
(City) , Florida (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.

David Roberts

(Registered agent's signature)

APPROVED
AND
FILED
2023 JUL 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FL 32304

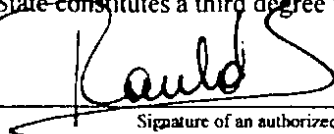
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Maurico Rauld</u>	<input checked="" type="checkbox"/> Manager	Name: <u>BlackTree Investment Group, LLC</u>
<input type="checkbox"/> Member	Address: <u>1810 S. El Camino Real</u>	<input type="checkbox"/> Member	Address: <u>7901 4TH ST. N. ST. PETERS</u>
<input checked="" type="checkbox"/> Authorized	<u>San Clemente FL 92672</u>	<input type="checkbox"/> Authorized	<u>SUITE 300</u>
Person	_____	Person	<u>ST. PETERSBURG, FL 33702</u>
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Mauricio Rauld

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALMDALE SYNDICATION, 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 FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALMDALE SYNDICATION, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.
Jeffrey W. Bullock, Secretary of State

5918722 8300

SR# 20232998381

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

Authentication: 203749443

Date: 07-14-23