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Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: _____

Foreign Limited Liability Company
SDF 1832 JAMES PARKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SDF 1832 JAMES PARKING LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

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

3. (F.I. number, if applicable)

4. (Will not do business in Florida, or prior to registration, will
See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 407 LINCOLN ROAD, SUITE 704
(Street Address of Principal Office)

6. 407 LINCOLN ROAD, SUITE 704
(Mailing Address)

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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

Name: Interstate Agent Services, LLC

Office Address: 100 SE 2ND STREET SUITE 2000 #209

MIAMI, Florida 33131
(City) (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)

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SECRETARY OF STATE
FLORIDA

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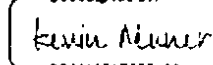
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: KEVIN NEUNER	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 407 LINCOLN ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 704	<input type="checkbox"/> Authorized	_____
Person	MIAMI BEACH, FL 33139	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: JERRY PIRO	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 407 LINCOLN ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 704	<input type="checkbox"/> Authorized	_____
Person	MIAMI BEACH, FL 33139	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: GOKTUG ZEREN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 407 LINCOLN ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 704	<input type="checkbox"/> Authorized	_____
Person	MIAMI BEACH, FL 33139	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.

Designated by: 

Signature of an authorized person.

KEVIN NEUNER

Typed in printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDF 1832 JAMES PARKING 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 TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDF 1832 JAMES PARKING LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2023.

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



7555760 8300

SR# 20232979508

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

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

Authentication: 203731520

Date: 07-12-23

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