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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: caren.pratt@oceanprop.com

Foreign Limited Liability Company

5307 IOTB LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FL

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**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. 5307 IOTB 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 3. 93-1626171
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 3, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 E. Atlantic Ave. 6. 1000 Market Street, Suite 300
(Street Address of Principal Office) (Mailing Address)

Suite 202 Portsmouth, NH 03801

Delray Beach, FL 33483

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

Name: C T Corporation System

Office Address: 1200 South Pine Road

Plantation, Florida 33324
(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.

Sandra Zwiack Sandra Zwiack, Assistant Secretary
(Registered agent's signature)

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TALLAHASSEE

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:☒ ManagerName: Mark Walsh☐ MemberAddress: 1001 E. Atlantic Ave.☐ AuthorizedDelray Beach, FL 33483

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Mark Esbeck☐ MemberAddress: 1001 E. Atlantic Ave.☐ AuthorizedDelray Beach, FL 33843

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Patrick Walsh☐ MemberAddress: 1000 Market Street☐ AuthorizedPortsmouth, NH 03801

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☒ ManagerName: Michael Walsh☐ MemberAddress: 1001 E. Atlantic Ave.☐ AuthorizedDelray Beach, FL 33483

Person _____

☐ Other _____☐ Other _____☒ ManagerName: Richard C. Ade☐ MemberAddress: 1000 Market Street☐ AuthorizedPortsmouth, NH 03801

Person _____

☐ Other _____☐ Other _____☒ ManagerName: William Walsh☐ MemberAddress: 1000 Market Street☐ AuthorizedPortsmouth, NH 03801

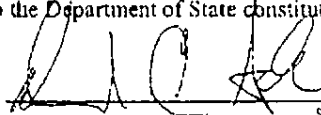
Person _____

☐ 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

Richard C. Ade, Manager

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "5307 IOTB 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 THIRD DAY OF AUGUST, A.D. 2023.

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



7400105 8300

SR# 20233155428

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203886336

Date: 08-03-23