M2300010452

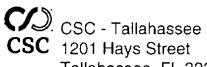
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



600413413916

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 08/10/23

Order #: 1246190-1

Re: 3300 Biscayne Property, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	3300 Biscayne Prop	-						
JOBALCI.	Name of Limited Liability Company							
		reign Limited Liability Com ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Jamie Mandel							
		N	ame of Person					
	DLC Capital N	lanagement, LLC						
Firm/Company								
	3921 Alton Ro	ad #465						
			Address					
	Miami Beach,	FL 33140						
		City/S	tate and Zip Code					
	jbmandel@dlcca	pmgmt.com						
		E-mail address: (to be use	d for future annua	report no	tification)			
For further in	nformation concernin	g this matter, please call:			,			
Jan-	nie Mandel		917 at (593-16	44			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Div Reg P.O	ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Co			

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. 3300 Biscayne Property (Name of Fore	v. LLC rign Limited Liability Company; mus	st include "Limited Lia	bility Company," "L.L.C.," c	or "LLC.")	
3300 Biscayne Boulevard						<u>-</u>
(If name unavailable, enter al Liability Company," "L.L.C."	iternate name adopted for the purpose " or "LLC.")	C	ss in Florida. The alternate no	ime must	include	"Limited
2. Delaware		3. applied for				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	e)		
4.						
	(Date first transacted busines) (See sections 605.0904 & 605.0	ss in Florida, if prior to 0905, F.S. to determin	registration.) e penalty liability)	_		
5. 3921 Alton Road #465			, , , , , , , , , , , , , , , , , , , ,			
Miami Beach, FL 3314	10					
	(Street Address of P	rincipal Office)				
6. 3921 Alton Road #465						
Miami Beach, FL 3314	10					
	(Mailing A	Address)		_		
7. Name and street addres	s of Florida registered agent: (P.)	O. Box <u>NOT</u> accept	able)			
Name:	Corporation Service Company					
	1201 Hays Street		_		202	
Office Address:			_		نت	1 - T
	Tallahassee		_ , Florida <u>32301</u>		77	
Registered agent's accept	(City)		(Zip code)	٠- ر	0	
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pay position as registered agent. Corporation Service Company By: (Registered)	ment as registered a proper and complete	gent and agree to act in th	his capac s, and I	city:=1	further agree
8. The name, title or capa	city and address of the person(s)	who has/have author	rity to manage is/are:			
DLC Capital Management	t, LLC, manager					
3921 Alton Road #465						
Miami Beach, FL 33140						
	Jan		gn language, a translation o			

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.

Jamie Mandel

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "3300 BISCAYNE PROPERTY, 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 NINTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3300 BISCAYNE PROPERTY, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2023.

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



Authentication: 203929914

Date: 08-09-23