

M23000011009

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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AUG 23 2023

K. Brumley

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 08/23/2023
Acc#120160000072

W: C SW

Name:	Smuggler Mine Partners, LLC
Document #:	
Order #:	15091119 - 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
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Email Address for Annual Report Notification

mwatson@wesbrandsllc.com;
dedwab@wesbrandsllc.com

Availability _____
Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

Smuggler Mine Partners, LLC

SUBJECT: _____
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:

Kirstin Choi, Senior Paralegal

Name of Person

Paul Hastings LLP

Firm/Company

1999 Avenue of the Stars, 27th Floor

Address

Los Angeles, CA 90067

City/State and Zip Code

mwatson@wesbrandsllc.com or dedwab@wesbrandsllc.com

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

For further information concerning this matter, please call:

Kirstin Choi

310

620-5707

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:

Smuggler Mine Partners, LLC

1. _____
(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. 93-2740435
(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. c/o Marshall Watson and David Edwab
(Street Address of Principal Office)

6. c/o Marshall Watson and David Edwab
(Mailing Address)

999 Vanderbilt Beach Road, Suite 200

999 Vanderbilt Beach Road, Suite 200

Naples, Florida 34108

Naples, Florida 34108

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

Name: C T Corporation System

Office Address: 1200 South Pine Island 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.



Meredith Hellwig, Assistant Secretary

(Registered agent's signature)

APPROVED
AND
FILED
2023 AUG 28 PM 6:22
CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

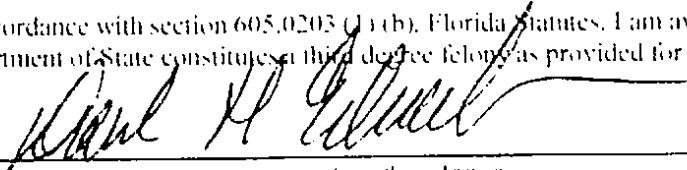
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage [up to six (6) total]:

<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>Meadowbrook Family Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>The Marshall M. Watson and Allyson S. Watson Revocable Living Trust dated April 16, 2015</u>
<input checked="" type="checkbox"/> Member	Address: <u>C/O Sheldon Stein</u>	<input checked="" type="checkbox"/> Member	Address: <u>57 Avenue of Champions</u>
<input type="checkbox"/> Authorized	<u>9338 Meadowbrook Dr.</u>	<input type="checkbox"/> Authorized	<u>Nicholasville, KY 40356</u>
Person	<u>Dallas, TX 75220</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Reciprocal Partners LP</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>C/O David Edwab</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>990 Vanderbilt Beach Road Suite 200</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Naples, Florida 34108</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<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

David H. Edwab, Member and Manager of David Edwab LLC, General Partner of Reciprocal Partners LP.

Typed or printed name of signee Member

Delaware

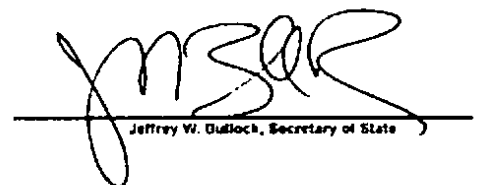
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMUGGLER MINE PARTNERS, 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7607420 8300

SR# 20233313075

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

Authentication: 204016952

Date: 08-22-23