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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/13/2023	
Name:	CHRIS	-
Reference	e #: <b>2117617</b>	_
Entity Na	me: CORAL RI	DGE BAY, LLC
✓ Art	ticles of Incorporation/Authorization	to Transact Business
☐ An	nendment	
☐ Ch	nange of Agent	
∏ R∈	einstatement	
□ Co	onversion	
	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fid	ctitious Name	
<b>✓</b> Ot	herCERTIFIE	COPY UPON FILING
Authorize	ed Amount: \$155.00	
Signature	: M. John	

## 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 Name of Empires From	CORAL RIDGE ed Liability Company, must metade "Limite	I BAT, LLC	1 22 22 24 1 22 25	<del></del>
mane or covergn contra	eo maonny e organy, must menude - famite	а главину Сотрану, — Г.	.L.C., or "LLC.")	
e unavailable center alternate name a	lopted for the purpose of transacting business in Flo	1 lb characteristics		
		rioa - i se aremaio name must	meliste "Limited Liabit	hty Company, ""L. I. C. " or "LI
	AWARE	3.		
irisdiction under the Liw (if which to	reign limited hability company (corganized)		(FE) number	(fapplicable)
	Date first transacted business in Florida, it prior to See sections 605/9964 & 605 0905, US, to determ	registration ( ne penalty halidity)		
2810 N CHURCH	ST PMB 55091			
(Street Address of Princip.	d Officer	6	(Mading Addres	···
WILMINGTON, D	E 19802-4447			
	<del></del>			<u></u>
ime and <u>street address</u> of	Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Cogency Global Inc.			
Office Address:	115 North Calhoun St. Suit	te 4		
	Tallahassee	, Flori	32301	
	(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.

Elizabeth Gallardo
(Registred agent s signature)

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: Title or Capacity: Name and Address: BAY HOLDINGS, INC. Manager [\_] Manager Name: Manager Manager Name: 2810 N CHURCH ST ✓ Member Address: \_ Member | Address: PMB 55091 Authorized Authorized WILMINGTON, DE 19802-4447 Person Person Other Other \_\_\_\_\_ \_\_\_\_Other\_\_\_\_\_ 1 Other Manager Name: \_\_\_\_\_ Manager
 Address: Member | Address: \_\_\_\_\_ Authorized [ ] Authorized Person Person Other\_ Other\_\_\_\_ Other Other Manager Name: \_\_\_\_ ∐ Manager Name: \_\_\_\_\_ Address: \_\_ \_ 1 Member Address: Authorized L. Authorized Person Person Other\_ \_\_|Other\_\_\_\_ Other\_\_\_\_ , Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 8.817.155, F.S. Signature of an authorized person

John A Spencer

Typed or profiled name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CORAL RIDGE BAY, 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 SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORAL RIDGE BAY,

LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204140054

Date: 09-12-23