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Division of Corporations

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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7560
Fax Number : (305)351-2122

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

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Foreign Limited Liability Company SENSE UP MANAGEMENT LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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

IN COMPLIANCE WITH SECTION 608.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SENSE UP MANAGEMENT LLC

(Name of Foreign Limited Liability Company) must include "Limited Liability Company," "LLC" or "LLP")

¹ 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 "L.L.C."

DELAWARE

32-0619318

characterization of the law of which foreign limited liability company is organized.

Grass, $\text{C}_{4}\text{H}_{10}\text{O}_2 = 1$ is applicable.

September 25, 2023

(State first & last name of person in Florida & prior to registration.)
(See sections 602.0061 & 602.0005, F.S. to determine penalty liability.)

2127 Brickell Avenue, Apt 1701

2127 Bruckell Avenue, Apt 1701

Street Address of Employer (Office)

[illegible]

Miami, Florida 33129

Miami, Florida 33129

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

Name: _____ Alfonso Revilla

Office Address 702 Waterford Way, Suite 805

Miami, Florida 33126

245

24. 25. 26.

2023 SEP 28 PM 3:18

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.

s/ Alfonso Rev

Registered agent's signature

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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>
☒ Manager	Name <u>Alfonso Rey</u>	☐ Manager	Name: _____
☐ Member	Address: <u>703 Waterford Way, Suite 805</u>	☐ Member	Address: _____
☐ Authorized	<u>Miami, Florida 33126</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ 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. 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.

(s) Alfonso Rey

Signature of an authorized person.

Alfonso Rey

Typed or printed name of signer

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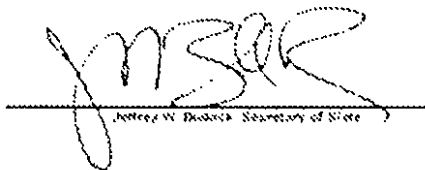
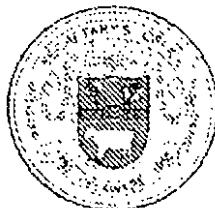
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENSE UP MANAGEMENT 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2023.

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


Jeffrey W. Bullock, Secretary of State

7801425 8300

SR# 20233509826

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

Authentication: 204178846

Date: 09-15-23

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