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DATE: 10/3/2023

NAME: ISOLA BELLA LLC

TYPE OF FILING: APPLICATION

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#### COVER LETTER

SUBJECT:				
	Name	of Limited Liability Company		
		ompany for Authorization to Transact Busine eferenced foreign limited liability company to		
Please return all correspondence co	oncerning this matter to	the following:		
<del> </del>		Name of Person		
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	Ci	ty/State and Zip Code		
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Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporati	ons	Division of Corporations		
P.O. Box 6327	·			
Tallahassee, FL 3231-	4	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

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

IN COMPIJANCE 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:

	name adopted for the purpose of transacting business	in Florida. The	alternate name must in	clude "Limited Li	ability Compa	iny," "L.L.	C," or "LLC	
New Jersey		3.						
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)					
	(Date first transacted business in Florida, if pri	or to registratio	n.)					
		termine penalty						
400 Boulevard of the Americas		6.	400 Boulevard (Mailing Addre					
treet Address of Principal Office)			(Mailing Addre	(44)			_	
Suite 405			Suite 405					
Lakewood, NJ, 08701			Lakewood, NJ,	. 08701	 Mar.,	202:		
					<u>1-</u> ;1.	30CT		
Name and street address	ss of Florida registered agent: (P.O. 1	Box <u>NOT</u>	acceptable)		-	1	<b>三</b> 25	
					••	70		
Name:	DBO Services LLC					PH	[ ]	
					2 <del>-</del>	7: 0		
Office Address:	155 OFFICE PLAZA DR.				• •	t_		
	TALLAHASSEE			32301				
			, Florida					
	(City)		, Florida(Zip code)					

(Registered agent's signature)

/s/ Devorah Glazer

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: Name: Michael Netzer □Manager □Manager Name: 400 Boulevard of The Americas Address: **■**Member ☐ Member STE: 405 □ Authorized ☐ Authorized Lakewood, NJ 08701 Person Person Other □Other\_\_\_\_\_ □Other □Other Name: \_\_\_\_\_ □ Manager □Manager Name: □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person ☐Other\_\_\_\_\_ □Other\_\_\_\_ ☐Other\_\_\_\_ □Other □Manager ■ Manager □Member Address: Address: □Member ☐ 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. 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 s.817.155, F.S. /s/ Michael Netzer Signature of an authorized person-

Lyped or printed name of signee

Michael Netzer

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

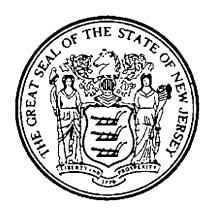
#### ISOLA BELLA LLC 0450751593

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 10, 2022.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL NETZER 400 BOULEVARD OF THE AMERICA SUITE 401 LAKEWOOD, NJ 08701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2023

Elizabeth Maher Muoio State Treasurer

dek M Mun

Certificate Number: 6147087300 Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCort/JSP/Verify\_Cert.jsp