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Thank you!

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COVER LETTER

	7 3120 Collins, LLC		
DJECT	Name	of Limited Liability Cor	npany
ne enclosed " distence, and	'Application by Foreign Limited Liability C check are submitted to register the above re	ompany for Authorization for the company for Authorization for the company of the	on to Transact Business in Florida," Cer I liability company to transact business
ease return a	Il correspondence concerning this matter to	the following:	
	Shirin Shahidi		
		Name of Person	
	Brown Rudnick LLP		
		Firm/Company	
	7 Times Square		
		Address	
	New York, NY 10036		
	C	ty/State and Zip Code	
	sshahidi@brownrudnick.com		
	E-mail address: (to be	used for future annual re	eport notification)
For further int	formation concerning this matter, please cal	1:	
Shir	in Shahidi	646	226-5615
	Name of Contact Person	at () Area Code	Daytime Telephone Number
	ling Address:	Street Address:	ation.
	istration Section	Registration Sec Division of Cor	
	ision of Corporations	The Centre of T	•
	Box 6327		e Street, Suite 810
Tall	lahassee, FL 32314	Tallahassee, Fl.	
Encl	losed is a check for the following amount:	O DESERVE AR SEST	·r
	se make check payable to: FLORIDA DEI 125.00 Filing Fee S130.00 Filing Fe Certificate	e & 💢 \$155.00 Filii	ig Fee & 🕒 \$160.00 Filing Fee, Cer

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate na	me adopted for the purpose of transacting business in F	lorida The	lternate name must include "Limited Lia	bility Company," "L L C," or	r"LEC.")		
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI numbe	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 605.0905, F.S. to determ	registration) liability)				
3120 Collins Avenue							
treet Address of Principal Office)		0.	(Mailing Address)		_ _		
Miami Beach, FL 3314			Miami Beach, FL 33140				
				2023			
Name and <u>street addres</u>	<u>s</u> of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	NOV -2			
Name:	C T Corporation System		<u>.</u>	AH 11: 05	ے دی		
Office Address:	1200 South Pine Island Road			: 05			
	Plantation	_	33324 , Florida(Zip code)				
	(City)		(Zip code)				

(Registered agent's signature)

By: /s/Amy Berteletti, Vice President

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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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: _ Alastair Thomann Name: Renai Venables □ Manager □Manager Address: ____ 3120 Collins Avenue □Member □Member Miami Beach, FL 33140 Miami Beach, FL 33140 ■ Authorized ■ Authorized Person Person □Other_____ Other___ ☐ Other Other___ Name: _____ Name: _____ □Manager 3120 Collins Avenue Address: □Member Address: □Member Miami Beach, FL 33140 □ Authorized ■ Authorized Person Person □Other _____ Other____ ☐Other____ □Other___ Name: ______ □Manager Name: □Manager Address: □Member Address: □Member □ Authorized □ Authorized Person Person □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. Signature of an authorized person Alastair Thomann Typed or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "G 3120 COLLINS, 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 SECOND DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 204504439

Date: 11-02-23

2573294 8300 SR# 20233877508