

M230000014297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

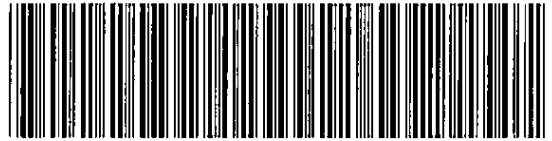
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/02/23--01011--010 \*\*125.00

2023 NOV -2 PM 5:01

FILED

10 East Stow Road  
Suite 250  
Marlton, NJ 08053  
(856) 382-8550  
www.lexnovallaw.com



Bradley S. Cohen, Esquire  
Member of the NJ, PA and FL Bar  
LLM in Taxation  
Direct Dial (856) 382-8210  
bcohen@lexnovallaw.com

October 24, 2023

**Via Certified Mail RRR**  
7022 0410 0001 3441 2841

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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida**

Dear Sir/Madam:

Enclosed please find the following documents in relation to the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Sea Rise C104, LLC, a Delaware limited liability company:

1. Cover Letter
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
3. Certificate of Existence for Sea Rise C104, LLC, issued by the Delaware Secretary of State within 90 days
4. Check for \$125 payable to "Florida Department of State"

Please kindly send confirmation to my office using the enclosed postage-paid return envelope provided.

Very truly yours,  
Lex Nova Law, LLC

Bradley S. Cohen

cc:

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Suite 250  
Marlton, NJ 08053  
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Very truly yours,  
Lex Nova Law, LLC

Bradley S. Cohen

cc:

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sea Rise C104 LLC

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:

Brad Cohen

Name of Person

Lex Nova Law, LLC

Firm/Company

10 E. Stow Road, Suite 250

---

Address

Marlton, NJ 08053

City/State and Zip Code

bcohen@lexnovaw.com

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

For further information concerning this matter, please call:

Brad Cohen

856

382-8210

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:*

1. Sea Rise C104 LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-4012723

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 19 Kris Court

(Street Address of Principal Office)

6. 145 Ocean Key Way

(Mailing Address)

Newark, DE 19702

Jupiter, FL 33477

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

Name: Karen M. Colella

Office Address: 145 Ocean Key Way

Jupiter

(City)

Florida

33477

(Zip code)

2023 NOV -2 PM 5:01

RECEIVED

**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.*

Karen M. Colella

(Registered 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Karen M. Colella	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 145 Ocean Key Way	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Jupiter, FL 33477	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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

Karen M. Colella  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SEA RISE C104 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2023.

  
Jeffrey W. Bullock, Secretary of State

7005534 8300

SR# 20233755749

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204403271

Date: 10-18-23



# State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

8452986

10-18-2023

LEX NOVA LAW, LLC  
10 E STOW ROAD  
SUITE 250  
MARLTON, NJ 08053

ATTN: JILL EZZI

**DESCRIPTION****AMOUNT**

7005534 - SEA RISE C104 LLC  
Entity Status - Short Form

<i>Certification Fee</i>	<i>\$50.00</i>
<i>Expedite Fee, 24 Hour</i>	<i>\$40.00</i>
<b>TOTAL CHARGES</b>	<b>\$90.00</b>
<b>TOTAL PAYMENTS</b>	<b>\$90.00</b>
 <b>BALANCE</b>	 <b>\$0.00</b>