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DATE: 12/08/2023

NAME: LAKE WORTH PROPERTY COMPANY, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Lake Worth Property Company, LLC	
		ne of Limited Liability Company
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floridate
Please re	turn all correspondence concerning this matter	to the following:
	ADRIENNE SHRAIBMAN	
		Name of Person
	Elegance Living	
		Firm/Company
	1422 Clarkview Road	
		Address
	Baltimore, MD 21209	
	- (City/State and Zip Code
	adriennes@elegance-living.com	
	E-mail address: (to b	ce used for future annual report notification)
For furthe	er information concerning this matter, please ca	all:
ADRIENNE SHRAIBMAN		410 427-2759 at ()
-	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
į	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lake Worth Property C	Company, LLC Limited Liability Company; must include "Limited	d Cabilio	v Company," "L. L. C. " or "L. C.")		<u> </u>	
	, , ,		,,,			
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Lia	bility Company	," "1IC	" or "L1.C."}
Delaware						
(Jurisdiction under the law of which foreign limited liability company is organize		3.	3. (FEI number, if applicable)			
·	(Date first transacted business in Florida, if projecto	registratio				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, E.S. to determi	ine penalty	liability)			
1422 Clarkview Road		1422 Clarkview Road				
Street Address of Principal Office)		6. (Malling Address)				
Baltimore, MD 21209			Baltimore, MD 21209			
	···			 -		
					2	
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	icceptable)	٠,٨)231	
				:	DΕC	1
Name:	Registered Agent Solutions, Inc.				-8	一門と説
		_				
Office Address:	2894 Remington Green Ln. Ste. A			•	PM 12:	===
	Tallahassee		32308		ယ	
			, Florida(Zip code)		ထ	
	(City)		(Zip code)			
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent.	s registe	ered agent and agree to act in	this capac	in. I i	urther agr
	/s/ Kristin Pearlstein, Assista	ant Se	ecretary			
	(Registered agent's s	denature)				

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: Brian Reynolds Name: ■ Manager □ Manager Name: Address: 1422 Clarkview Road □ Member □Member Address: ____ Baltimore, MD 21209 ☐ Authorized []Authorized Person Person Other____ □Other____ □Other____ □Other_____ Name: Name: _____ □Manager Manager □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. 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

Typed or printed name of signee

Brian Reynolds

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LAKE WORTH PROPERTY COMPANY, 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 FOURTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE WORTH PROPERTY COMPANY, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2023.

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

THE STATE OF THE S

Authentication: 204722925

Date: 12-04-23