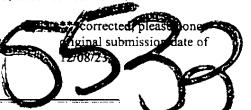
## Florida Department of State Utivision of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:\_

## Foreign Limited Liability Company LARKSPUR GREENVILLE, LLC

\*\*\*corrected; please honor original submission date of 12/08/23

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December 11, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

,

SUBJECT: LARKSPUR GREENVILLE, LLC

REF: W23000164762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must have at least one person as an officer on page 2 of the application. Then whoever that person is has to sign and print at the bottom.,

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II
Registration Section

FAX Aud. #: H23000419803 Letter Number: 323A00028136

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SINESS IN THE STATE OF FLORIDA:	S SUBMITTED	TO REGISTER A	POREIGN I	IMITEL.	LIABILITY
1,(Name of Foreign)	Larkspur Greenville, L.I Limited Liability Company; must include "Limited Liability Con	Cupany," "L.L.C.	"" or "LLC;")			-
	anne adopted for the purpose of transacting business in Florida. The oftens	its name must inc	hude "Limited Liability	Company,* *L	L.C,™ or "	uc.
2. (Jurisdiction under the law of w	elaware  Meb kerelyn liselted liability company is argentized)  3		93-47556 (PRI mumber, If a)	35 opticable)		-
4	(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	 (y)				
5. 10800 Biscay (Street Address of Principal Office)	ne Blyd, Suite 300 6.	10800 l (Mailing Address	Biscayne Bivd. S	uite 300	2023	•
<u>Miami</u>	FL 33161		Miami, FL 3316	ORETAR)	2023 DEC -8	1
7. Name and street address	s of Florida registered agent: (P.O. Box NOT accep	ompje)		OF STAT	PH 5: 0	Gazan.
Name:	Capitol Corporate Services, Inc.			ודז		
Office Address:	515 East Park Avenue 2nd Fl	<del></del>				
	Tallahassee (Chy)	, Florkia _	32301 (Zip code)			

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.

Sadi Boyette, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

H23000419803

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:	Titte or Capacit	<u>ty:</u>	Name and Address:
<b>≅</b> Manager	Name: David Bernstein	□Manager	Name:	
□Member	Address: 10800 Biscayne Blvd. Suite 300	□Member	Address: _	
□Authorized	Miami, FL 33161	Authorized		
Person		Person		
Other	Other	□ Other		□ Other
□Manag <del>er</del>	Name:	□Manager	Name:	
□Member	Address:	□Mcmbcr	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□ Other	<del></del>	□ Other
□ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	<del></del>	□Other
indexed individuals  9. Attached is a cert jurisdiction under the of the translator mu  10. This document	is executed in accordance with section 605.0203 ment to the Department of State constitutes a thi /s/David	orida Department of St fully authenticated by t is in a foreign langua (1) (b), Florida Statu	ate Annual Rep he official havi ge, a translation tes. I am aware	oort form.  ng custody of records in the n of the certificate under oath  that any false information

David Bernstein, Manager
Typed or printed name of eignee

H23000419803



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LARKSPUR GREENVILLE, 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 SEVENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LARKSPUR GREENVILLE, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2023.

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

2728318 8300
SR# 20234161073
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204756056

Date: 12-07-23