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	(Busin	ess Entil	y Name)				
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Special Instructions to	Filing (Officer:					_

Office Use Only



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PILED RECEIVED

2023 DEC 13 PH 12: 03

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SEGRETARY SEE, FL & MILLAMASSEL, FLORIDA

THE PILED RECEIVED

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

Tio I Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

R	EQL	JEST	DATE	12/1	3/2023

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 1211427

ORDER ENTITY_

REDWOOD 1 HOLDINGS LLC

m

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 13, 2023

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ί.		Redwood 1 H							
	(Name of Foreign Lii	mited Liability Company, must include "Limit	ted Liability (Company," "L.L.C.,"	or "LLC ")			_	
(If na	ame unavailable, enter alternate nam	e adopted for the purpose of transacting business in F	lorida. The afte	rnate name must include	"Limited Liability	Company," "LA	C," or "LL	.C '')	
2.		elaware	3.						
	(Jurisdiction under the law of which	r foreign limited hability company is organized)	• •		(FEI number, it	applicable)		-	
4.		0				_			
		(Date first transacted business in Florida, it prior t (See sections 605 0904 & 605 0905, F.S. to determ	o registration) mine penalty lia	bility)					
5.		Street, Suite D	6.	1760 NW			: D		
	(Street Address of Prin	cipal Office)	_	4	(Mailing Address)				
	Fort Lauderdale	, Florida, 33401		Fort Laude	erdale, Flo	rida <u>ي</u> 334	鬯		
						CRET	BOEC		
7.	Name and street address	of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)		ARY OF S	13 PH 12: 03	Charles and the second of the	
	Name:	Cogency Global Inc			五	03			
	Office Address: 115 North Calhoun St. Suite 4								
	_	Tallahassee		, Florida	32301				
		(City)			(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.

Assistant Secretary of Cogency Global Inc. (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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Jeffrey S. Skoll, Trustee of The Jeffrey S. Eric Techel Name: Skoll Revocable Trust Manager Manager Name: ____ 1760 NW 62 Street 1760 NW 62 Street Address: **⊠**Member Address: Member Suite D Suite D Authorized ■Authorized Fort Lauderdale, FL 33401 Fort Lauderdale, FL 33401 Person Person Other____ ___Other_____ Other ____ __JOther____ James G.B. DeMartini, III Bret Van de Sande **X** Manager Name: Manager
 Name: Address: ____1760 NW 62 Street 1760 NW 62 Street Member Member Address: Suite D Suite D Authorized Authorized Fort Lauderdale, FL 33401 Fort Lauderdale, FL 33401 Person Person Other____ Other____ Other Other____ Jeffrey Meyer Name: Manager Manager 1760 NW 62 Street Address: _____ Member Address: ___ Suite D [Authorized Authorized Fort Lauderdale, FL 33401 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 \$.817.155, F.S. Signature of an authorized person

Eric Techel

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 "REDWOOD 1 HOLDINGS 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 ELEVENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDWOOD 1 HOLDINGS LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2023.

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



Authentication: 204785622

Date: 12-11-23

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SR# 20234193816