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1	Division of Cor	ponations		
	Fax Number	: (850)617-6383		
From:			2624	_
	Account Name	: ALLSTATE CORPORATE SERVICES CORP		
	Account Number	: 120040000031	190	٠.
	Phone	: (800)906-9220		٠.
	Fax Number	: (800)906-9830	0	
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		for this business entity to be used for future	=	17
ลกกษา	u report malul	ngs. Enter only one email address please.** 🧸 🛶 .	1.0	ļ

## Foreign Limited Liability Company 1730 N View Drive, LLC

Certificate of Status	1
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Page Count	01
Estimated Charge	\$130.00

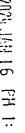
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To:

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

IN COMPLIANCE WITH SECTION 05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

raine deavanabe, ercei atternate	name adopted for the purpose of transacting business in Ele-	rida. The afterrate name most melode "	Limited Liability Company	4.4.3 , " or "ELC	
Delaware		3			
(Initistiction under the law of which foreign limited liability company is organized)		3. (Et.l number, d'applicable)			
	(Date first transacted business in Florida, it prior to a 7Sec sections 605 0004 & 605 0005, US to determin	egistration y se populty hability j			
4400 Biscayne Blvd		4400 Biscayne Blvd			
cet Address of Protopal Offices		(Madany Address)			
Miami, FL 33137		Miami, FL 33137			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	٠.	HYT 1802	
			: •	<u></u>	
Name:	Registered Agent Solutions, Inc.		• • • •	. = -	
,vame:					
C AV 1.1.1	2894 Remington Green Ln. Ste. A		·	<b>=</b>	
Office Address:			•		
Office Address:	Tallahassee	3230	18	<del></del>	

## 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 daties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Naomi Ostopowitz, Assistant Secretary on behalf of Registered Agent Solutions, Inc.

To: Page: 5 of 6 2024-01-16 11:16:20 CST Lexitas From: Naomi Ostopowitz

(((H24000021299 3)))

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 Capacit	<u>v:</u>	Name and Address:
∃Manager	Name: DA Capital Operations, LLC	□Manager	Name:	
■Member	Address: 3340 Veterans Memorial Highway	∑ Member	Address:	
□Authorized	Bohemia, NY 11716	☐ Authorized		
Person		Person		
□Other	Other	Z Other		□Other
□Manager	Name:	□ Manager	Name:	
□Alember	Address:	□ Member		
□Authorized		$\equiv$ Authorized	····	
Person		Person		
□Other		Other	<del></del>	□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. Non-indexed individuals may be added to the index when filling 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 outh 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	<del></del>
Naomi Ostopowitz, Amb	orized Person	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "1730 N VIEW DRIVE, 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1730 N VIEW DRIVE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 202594090

Date: 01-16-24

Tar