

18400000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

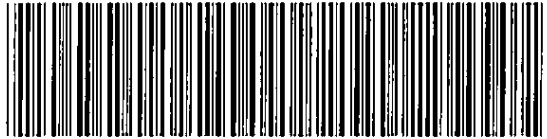
(Business Entity Name)

(Document Number)

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

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2023 DEC 18 PM 4:12  
CLERK OF DISTRICT COURT  
JANUARY 18 2024

T. LEMIEUX  
JAN 23 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seaside-New Hope Inland Chain Lakes 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:

Austin J. Dragoo

Name of Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd, Suite 1500

Address

Jacksonville

City/State and Zip Code

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

For further information concerning this matter, please call:

Austin J. Dragoo

at (904)

346-5741

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. Seaside-New Hope Inland Chain Lakes 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 3. 84-3332621  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 7643 Gate Parkway 6. 7643 Gate Parkway  
(Street Address of Principal Office) (Mailing Address)  
Suite 104-334  
Jacksonville, FL 32256 Jacksonville, FL 32256

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

Kathryn A. Melville, Asst Secretary  
(Registered agent's signature)

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TALLAHASSEE, FL

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 type="checkbox"/> Manager                           | Name: <u>Yoonjun Lee (a.k.a Jennifer Lee)</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                            | Address: <u>7643 Gate Parkway</u>             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                        | <u>Suite 104-334</u>                          | <input type="checkbox"/> Authorized  | _____                                |
| Person   | <u>Jacksonville, FL 32256</u>                 | Person                               | _____                                |
| <input checked="" type="checkbox"/> Other <u>President</u> | <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 a.817.155, F.S.

*Jennifer Lee*

Signature of an authorized person.

Yoonjun Lee (a.k.a. Jennifer Lee), as its President

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEASIDE-NEW HOPE INLAND CHAIN LAKES 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 "SEASIDE-NEW HOPE INLAND CHAIN LAKES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2019.

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



7629646 8300

SR# 20234163825

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204763494

Date: 12-07-23