

1/29/24, 10:19 AM

Division of Corporations

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Florida Department of State
Division of Corporations
600 ...

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER
Account Number : I19980000047
Phone : (407)423-7656
Fax Number : (407)648-1743

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

Email Address: robert@fcnaples.com

**Foreign Limited Liability Company
FC Naples USL LLC**

Certificate of Status	0
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Page Count	03
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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 FC Naples USL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2 Delaware 3. 93-2244136
(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 & 605.0905, F.S. to determine penalty liability)

5. 3940 City Gate Boulevard N. 6 3940 City Gate Boulevard N.
(Street Address of Principal Office) (Mailing Address)
Naples, Florida 34117 Naples, Florida 34117

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

Name: Roberto Moreno
Office Address: 549 NE 55 Street
Miami, Florida 33137
(City) (Zip code)

2024 JUN 29 PM 6:42
FILED
CLERK OF COURT
JUL 1 2024

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.

/s/ Roberto Moreno
(Registered agent's signature)

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3 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>
<input type="checkbox"/> Manager	Name	Roberto Moreno
<input type="checkbox"/> Member	Address	3940 City Gate Boulevard N.
<input type="checkbox"/> Authorized		Naples, Florida 34117
Person		
<input type="checkbox"/> Other	CEO	<input type="checkbox"/> Other CFO

<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	Daniel Mildenberg
<input type="checkbox"/> Member	Address:	3940 City Gate Boulevard N.
<input type="checkbox"/> Authorized		Naples, Florida 34117
Person		
<input checked="" type="checkbox"/> Other	OOO	<input type="checkbox"/> Other

☐ Manager: Name: Mark Mildenberg

☐ Member Address: 3940 City Gate Boulevard N

☐ Authorized Naples, Florida 34117

Person: _____

☒ Other CTO _____ ☐ Other: _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name _____
☐ Member Address _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ 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 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 505.0203 (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.

Classified by:
Roberto Martinez
S-MACB3-NEB3453

Signature of an authorized person

Roberto Moreno

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FC NAPLES USL 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FC NAPLES USL LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023.

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



2544379 8300

SR# 20240268791

You may verify this certificate online at 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: 202685601

Date: 01-29-24

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