

M24000001104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

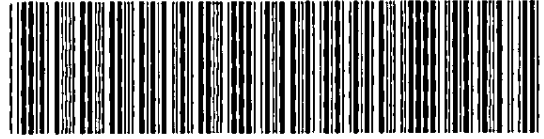
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 JAN 30 PM 6:25

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2024 JAN 29 PM 4:50

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JAN 30 2024

K. Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160: \$ 160.⁰⁰

Authorization Signature: _____:

Jan Yuls

City Sofive Orlando City Lake Nona LLC

BUSINESS NAME

DOCUMENT #

Certified Copy

Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign Filing

___ Reinstatement

___ Qualification

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City Sofive Orlando City Lake Nona 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:

Ashlin Conroy
Name of Person

Sofive
Firm/Company

447 Broadway Fl. 2 #333
Address

NY NY 10013
City/State and Zip Code

ashlin@sofive.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlin Conroy at (516) 459-2026
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. City Sofive Orlando City Lake Nona 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 02/01/24 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 447 Broadway Fl. 2 #333 (Street Address of Principal Office)
6. 447 Broadway Fl. 2 #333 (Mailing Address)
NY NY 10013 NY NY 10013

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

Name: Registered Agents Inc
Office Address: 7901 4th St N Ste 300
St. Petersburg, Fl. 33702
Pinellas County, Florida
(City) (Zip code)

2024 JAN 30 PM 6:25

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.

David Roberts
(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:**

Manager Name: Charles Lagayette

Member Address: 2015 Pitkin Ave

Authorized Brooklyn NY 11207

Person _____

Other _____ Other _____

Manager Name: Ashlin Conroy

Member Address: 2015 Pitkin Ave

Authorized Brooklyn NY 11207

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Jean-Damien Ladeuil

Member Address: 2015 Pitkin Ave

Authorized Brooklyn NY 11207

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 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

ASHLIN CONROY

Typed or printed name of signee

Delaware

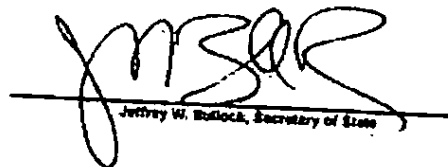
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITY SOFIVE ORLANDO CITY LAKE NONA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITY SOFIVE ORLANDO CITY LAKE NONA LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2023.




Jeffrey W. Bullock, Secretary of State

2717470 8300

SR# 20240185390

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202636448

Date: 01-22-24