Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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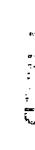
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Foreign Limited Liability Company GARDEN CITY MANAGEMENT

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From Kaity Toon

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

	DON 605.0902, FLORIDA STATUTES, THE SINESS IN THE STATE OF FLORIDA:	eroplomina a	SOMMITED TO RECEIVE	A CONTROL III	VIGTA) <u>LIBOIL</u> I.	1.1
1. Garden City Management, (Name of Foreign)	LLC Imited Liability Company; must include "Lin	nited Liability Com	nany. T.L.C. or "L.C."			
(,	,,			
(if name unavailable, enter alternate n	tine adopted for the purpose of transacting business	in Florida. The alterna	e name must include "Lamited Liahi	bty Company," "L.f.	C," or "ELC;")	
2 Dehware		3. <u>35-</u>	2683699			
(Jurusdiction under the line of wi	nich foreign linnied liability company u organized)		if F.I number.	t; apprezne)		
4. N/A						
	(Date first transacted bisiness in Florida, if price (See sections 605.0904 & 605.0905, F.S. to det	ir to registration) termine penalty liability	y)			
5. 1016 Clemons St., Unit 3 (Street Address of Principal Office)	(14	6. <u>1016</u>	Clemons St., Unit 304 (Nailing Address)			
Jupiter, FL 33477		Jupi	ter, F1. 33477			
7. Name and street address	s of Florida registered agent: (P.O. F	sox <u>NOT</u> accep	tanic)	8		
Name:	C T Corporation System		_		2024 FEB 12	¥~'
Office Address:	1200 South Pine Island Road		_	: :: :: :: :: ::	10 12 13 13 13 13 13 13 13 13 13 13 13 13 13	311 73
	Plantation		, Florida 33324			<u></u>
	(City)		(Zip ode)	ლე	= (-
designated in this applicant to comply with the provision	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the proj of my position as registered agent.	it as registered i	agent and agree to act in	this capacity.	y at the place I further agre	
n	redith Hellwig	Meredita Helbrig A	ssistant Secretary			

(Registered agent a signature)

From: Kaity Toon

DocuSign Envelope ID: 8F1141E1-5307-4209-AEE4-03F9824F7DE3

S	For initial indexing purposes.	. list names, titl	le or capacity ar	nd addresses (of the primary	members/mana	igers or perso	ns author	ized to
11)	anage [up to six (6) total]:								

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
X Manager	Name: Michael Arrieta	□Manager	Name:	
. [—] Member	Address: 1016 Clemons St., Unit 304	∏Member	Address:	
☐ Authorized	Jupiter, FL 33477	□Authorized		
Person		Person		
Other	∐Other	∐Other	<u></u>	_IOther
□Manager	Name: Kyle Taura	□Manager	Name:	
□Member	Address: 8508 Park Road, PMB #145	□Member	Address:	
X Authorized	Chariotte, NC 28210	□Authorized	· · · · · · · · · · · · · · · · · · ·	
Person		Person		
_Other		□Other	···	□Other
□Manager	Name:	∏Manager	Name:	
☐ Member	Address:	□Member	Address:	
I Authorized		□Authorized		
Person		Person		
Cuber	□lOther	□Other		ZIOther

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- 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.

Tayle Taura	
A THE RESIDENCE AND THE PROPERTY OF THE PROPER	Signature of an authorized person
Kyle Taura, Authorized Officer	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GARDEN CITY MANAGEMENT, 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 FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GARDEN CITY MANAGEMENT, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2020.

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



ANTITO W. Rudines, Secretary of State

Authentication: 202756836

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