M24000001815

(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:						

Office Use Only

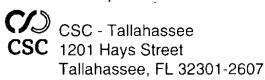


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2024 FEB 13 PM 2: 11 2024 FEB SECRETARY OF STATE SHOWING

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RECEIVED



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 02/13/24 Order #: 1418619-1

Re: Atlantic Pacific Property Management LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

reblesson

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Atlantic Pacific Property Management	LLC		
SOBA.		me of Limited Liability Company		
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida		
Please re	eturn all correspondence concerning this matter	to the following:		
	Jeanne Herman			
	una	Name of Person		
	Atlantic Pacific Communities			
		Firm/Company		
	3 Miami Central-161NW 6th St, S	ite. 1020		
		Address		
	Miami, Florida, 33136			
,		City/State and Zip Code		
	jherman@apmanagement.net			
	E-mail address: (to	be used for future annual report notification)		
For furtl	her information concerning this matter, please c	rall:		
Jeanne Herman		305 357-4725 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tatianassee, FL 52514	Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ee & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate		

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. Atlantic Pacific Prope	erty Management LLC Limited Elability Company; must include "Limite	d Liability Cor	mpany, ""L.L.C.," or "LLC.")		
					<u></u>
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The altern	nate name must include "Limited Liab	ility Company," "L,L C," o	or "LLC.")
Delaware 2. Ourisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number	, if applicable)	
July 12, 2023	, , , , , , , , , , , , , , , , , , ,		(
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.) ine penalty liabil	lity)	_	
	NW 6th St, Ste. 1020	6			
5. (Street Address of Principal Office)			(Mailing Address)		
Miami				DZ4 FEB SECRET	
Florida, 33136				13 PM	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acce	ptable)	STATE	امود ۳
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee	_	32301 , Florida		
	(Cny)		(Zîp 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.

Corporation Service Company

(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: Title or Capacity: Name and Address: Appreciation Holdings-Manager, LLC Name: ■ Manager □Manager c/o Atlantic Pacific Companies □ Member Address: □Member Address: _____ 3 Miami Central-161NW 6th St, Ste. 1020 □ Authorized □ Authorized Miami, Florida 33136 Person Person □Other____ □Other_____ □Other Other □Manager □Manager Name: Name: □Member Address: Address: _____ □ Authorized □ Authorized Person Person Other____ Other ___ Other □Other ... □Manager □Manager Name: _____ 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. Nonindexed 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. Howard D. Cohen Signature of an authorized person Howard D.Cohen, Authorized Signatory

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ATLANTIC PACIFIC PROPERTY 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 TWELFTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC PACIFIC PROPERTY MANAGEMENT LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2011.

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

TAY SO CONTRACTOR OF THE PARTY OF THE PARTY

Authentication: 202791557

Date: 02-12-24

5079242 8300 SR# 20240463758