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Division of Corporations

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Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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Foreign Limited Liability Company **NECO EXEC 625 5TH, LLC**

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H24000085675

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

(Name of Foreign	LLC Limited Liability Company, must include "Limited	d Liability Co	Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate :	same adopted for the purpose of transacting buriness in Fi	orida The alte	ternate name must include "Limited Liability Company," "L.L.C.	D." or "L1	
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)		
February 21, 2024					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, U.S. to determ	registration.) inc pensity liab	ability)		
516 E. Hyman, 2nd Floor			516 E. Hyman, 2nd Floor		
treet Address of Principal Office) 6.		o	(Niailing Address)		
Aspen, CO 81611		Λ: —	Aspen, CO 81611		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	cceptable)		
	C T Corporation System		<u></u>		
Name:					
Name: Office Address:	1200 South Pine Island Road				
	1200 South Pine Island Road Plantation		 33324 , Florida		

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.

CT Corporation System

O COLD	oranon oystern	
Ву:	Laura Droderick	
	(Registered agent's signature)	

Laura Broderick Assistant Secretary

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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:
■Manager	Name: Name:	□Manager	Name:
□Member	Address: 516 E. Hyman, 2nd Floor	□Member	Address: 516 E. Hyman, 2nd Floor
□Authorized		■ Authorized	
Person	Aspen, CO 81611	Person	Aspen, CO 81611
Other	□ Other	□Other	Other
∏Manager	Name:	[]]Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□.Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	· · · · · · · · · · · · · · · · · · ·	Person	
□Other	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.

/s/ Jeff Richman
Signature of an authorized negron

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NECO EXEC 625 5TH, 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 FOURTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NECO EXEC 625 5TH, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024.

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

e at corp delaware gov/auf

Authentication: 202935848

Date: 03-04-24