

M24000003720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

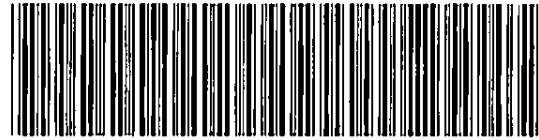
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INSPECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAR 25 2024

K. Brumbley

MS

CT CORP.
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/22/2024
Acc#I20160000072

en: c DW

Name:	CL Collection at Midtown Miami FL LLC
Document #:	
Order #:	15452826

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☐
	Plain: ☒
	COGS: ☐

Email Address for Annual Report Notifications:

cchall@jonesday.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **125.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CL Collection at Midtown Miami FL 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:

Courtney Hall

Name of Person

Jones Day

Firm/Company

901 Lakeside Ave.

Address

Cleveland, Ohio 44114

City/State and Zip Code

cchall@jonesday.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Hall

216

586-1205

at ()

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. CL Collection at Midtown Miami FL 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 3. 90-0911572
(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. 3300 Enterprise Parkway 6. 3300 Enterprise Parkway
(Street Address of Principal Office) (Mailing Address)

Beachwood Beachwood
Ohio 44122 Ohio 44122

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2024 MAR 22 AM 10:45

FILED

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.

C T Corporation System
By: /s/Laura R. Broderick, Assistant Secretary
(Registered agent's signature)

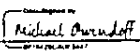
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Curblne Properties LP</u>	☐ Manager	Name: <u>Michael S. Owendoff</u>
☒ Member	Address: <u>3300 Enterprise Parkway</u>	☐ Member	Address: <u>3300 Enterprise Parkway</u>
☐ Authorized	<u>Beachwood, Ohio 44122</u>	☒ Authorized	<u>Beachwood, Ohio 44122</u>
Person	<u></u>	Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>
 ☐ Manager	 Name: <u></u>	 ☐ Manager	 Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>
 ☐ Manager	 Name: <u></u>	 ☐ Manager	 Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>	☐ Other <u></u>

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
 Michael S. Owendoff
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CL COLLECTION AT MIDTOWN MIAMI FL 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 MARCH, A.D. 2024.

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



2945230 8300

SR# 20241129838

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203091154

Date: 03-22-24