

M24000005673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

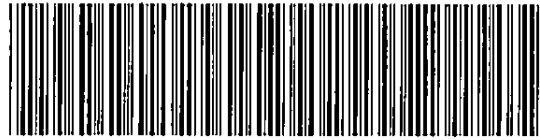
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800428441288

FILED RECEIVED
2024 MAY -3 PM 12:10
2024 MAY -3 AM 11:57
TALLAHASSEE, FLORIDA
CORPORATION STATE OFFICE

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 5/3

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING FOREIGN LLC _____

1. ST. : Petersburg II, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 051002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSSACT BUSINESS IN THE STATE OF FLORIDA

1. St. Petersburg II, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. _____ upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 005.0904 & 005.0905, F.S., to determine penalty liability)

5. 9350 Wilshire Blvd., Suite #402
(Street Address of Principal Office)

Beverly Hills, CA, 90212

6. 9350 Wilshire Blvd., Suite #402
(Mailing Address)

Beverly Hills, CA, 90212

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

Name: Registered Agent Solutions, Inc.

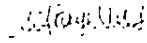
Office Address: 2894 Remington Green Ln. Ste. A

Fallahassee, Florida 32308
(City) (Zip code)

FILED
2024 MAY -3 PM 12:10
TALLAHASSEE, FL
STATE

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.


Samantha Niels, 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>
<input checked="" type="checkbox"/> Manager	Name: <u>Michael B. Kaplan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Steven L. Kaplan (Instituted July 5, 1994 as amended July 10, 1996) is restated August 9, 2006</u>
<input type="checkbox"/> Member	Address: <u>9350 Wilshire Blvd., Ste. 402</u>	<input type="checkbox"/> Member	Address: <u>9350 Wilshire Blvd., Ste. 402</u>
<input type="checkbox"/> Authorized Person	<u>Beverly Hills, CA 90212</u>	<input type="checkbox"/> Authorized Person	<u>Beverly Hills, CA 90212</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Bonnie L. Fein</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Haderway Properties, LLC</u>
<input type="checkbox"/> Member	Address: <u>9350 Wilshire Blvd., Ste. 402</u>	<input type="checkbox"/> Member	Address: <u>9350 Wilshire Blvd., Ste. 402</u>
<input type="checkbox"/> Authorized Person	<u>Beverly Hills, CA 90212</u>	<input type="checkbox"/> Authorized Person	<u>Beverly Hills, CA 90212</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
Vincent M Bohanec

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ST. PETERSBURG II, LLC
Entity No.: 201415510244
Registration Date: 06/02/2014
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 02, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 206643324

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.