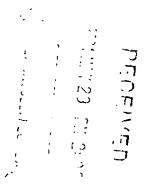
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/29/2024					⇔WAI K	IN≠≠
ENTITY NAME 4730 C	old Winter Garden Ov	wner LLC				
DOCUMENT NUMBER_						
	PLEASE FILE 1	THE ATTACK	IED AND RETUR	PN		
xxxxxxx	Plain Copy Certified Copy					
	Certificate of Status					
**	PLEASE OBTAIN THE I	FOLLOWING	FOR THE ABOVI	E ENTITY**		
	Certified Copy of Ar	ts & Amendme	a le			
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TOTAL OWED \$125				: 12016000007	2	,
			5.	8 F/10		
Please call Tina at t	he above number for	any issue	s or concerns.	Thank you so	o much!	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Elimited Liability Company,	""L.L.C," or "L.L.C."
Delaware			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)	
			2 7
			# 77 # 78
<u> </u>	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	or to registration.)	-4
	(See sections 605,0904 & 605 0905, F.S. to det		29
800 3rd Avenue, Suite		800 3rd Avenue, Suite 2701	-
et Address of Principal Office)		6. (Mailing Address)	
New York, NY 10022		New York, NY 10022	24 HEY 29 AN 8: 19
Name:	Platinum Agent Services LLC		
Office Address:	155 Office Plaza Dr		
	Tallahassee	32301 , Florida	
	(Cny)	(Zip code)	
ignated in this application comply with the provisi	gistered agent and to accept service of the contract of the co	of process for the above stated limited liability com It as registered agent and agree to act in this capac per and complete performance of my duties, and I	ity. I further a
	/s/ Steven Friedm	an	
	(Registered ages	nt'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: Name: _____ Daniel Haroun □Manager □Manager Name: 800 3rd Avenue, Suite 2701 Address: 🗋 □ Member □Member Address: New York, NY 10022 Authorized □ Authorized Person Person □Other____ □Other____ □Other Other____ Name: ____ □Manager □Manager Name: □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other □Other____ Other □Other Name: _____ □Manager Name: □Manager Address: ____ □Member Address: □Member □ 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. /s/ Daniel Haroun Signature of an authorized person

Daniel Haroun

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 "4730 OLD WINTER GARDEN OWNER 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-NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4730 OLD WINTER GARDEN OWNER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

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



Authentication: 203575524

Date: 05-29-24

3781136 8300 SR# 20242552958