

To:

Page: 2 of 5

2024-05-31 14:08:49 CST

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From: David Thomas

5/31/24, 4:06 PM

Division of Corporations

Florida Department of State

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cynthia.warren@pyramidglobal.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
PYRAMID CORAL GABLES MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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JUN 03 2024

Assembly

**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 RE-REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PYRAMID CORAL GABLES MANAGEMENT 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.")

DE

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

3. (FID 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.)

30 ROWES WHARF, SUITE 5300

5. (Street Address of Principal Office)

30 ROWES WHARF, SUITE 5300

6. (Mailing Address)

BOSTON, MA 02110

BOSTON, MA 02110

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 33324

(City)

, Florida (Zip 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.

C.T. Corporation System

By: (Registered agent's signature)

2024 MAY 31 PM 6:17

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:**☐ ManagerName: Warren Fields☐ MemberAddress: 30 Rowes Wharf, Suite 5300☒ AuthorizedBoston, MA 02110

Person _____

☐ Other _____☐ Other _____☐ ManagerName: Christopher Devine☐ MemberAddress: 30 Rowes Wharf, Suite 5300☒ AuthorizedBoston, MA 02110

Person _____

☐ Other _____☐ Other _____☐ ManagerName: Cynthia Warren☐ MemberAddress: 30 Rowes Wharf, Suite 5300☒ AuthorizedBoston, MA 02110

Person _____

☐ Other _____☐ Other _____**Title or Capacity:****Name and Address:**☐ ManagerName: Alex Cabanas☐ MemberAddress: 30 Rowes Wharf, Suite 5300☒ AuthorizedBoston, MA 02110

Person _____

☐ Other _____☐ Other _____☐ ManagerName: Issac Hicks☐ MemberAddress: 30 Rowes Wharf, Suite 5300☒ AuthorizedBoston, MA 02110

Person _____

☐ Other _____☐ Other _____☐ ManagerName: Pyramid Advisors Limited Partne☒ MemberAddress: 30 Rowes Wharf, Suite 5300☐ AuthorizedBoston, MA 02110

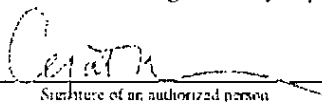
Person _____

☐ 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.



Signature of an authorized person

Cynthia Warren

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 "PYRAMID CORAL GABLES 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 TWENTY-SECOND DAY OF MAY, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State