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Division of Corporations

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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: morgan.roth@kslaw.com

Foreign Limited Liability Company  
CRE-JDG LPGA INA Owner, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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K. SALY

JUN - 6 2024

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. CRE-JDG LPGA INA Owner, 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
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. (Tax 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. c/o Cerberus Real Estate Capital Management, LP
(Street Address of Principal Office)

6. c/o Cerberus Real Estate Capital Management, LP
(Mailing Address)

875 Third Avenue, 12th Floor

875 Third Avenue, 12th Floor

New York, NY 10022

New York, NY 10022

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)

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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.

By: Meredith Hellwig, Assistant Secretary
C T Corporation System
(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]

Title or Capacity:                      Name and Address:

Manager                      Name: Anand Jobalia

Member                      Address: 444 Seabreeze Blvd, Suite 305

Authorized Person                      c/o Jobalia Development Group, LLC  
Daytona Beach, FL 32118

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager                      Name: Michael Pokorny

Member                      Address: 875 Third Avenue, 12th Floor

Authorized Person                      c/o Cerberus Real Estate Capital Mgmt  
New York, NY 10022

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Joseph P. Sciacca

Member                      Address: 875 Third Avenue, 12th Floor

Authorized Person                      c/o Cerberus Real Estate Capital Mgmt.  
New York, NY 10022

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: Thomas E. Wagner

Member                      Address: 875 Third Avenue, 12th Floor

Authorized Person                      c/o Cerberus Real Estate Capital Mgmt  
New York, NY 10022

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

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**Important Notice.** Use an attachment to report more than six (6). The attachment will be indexed 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/ Joseph P. Sciacca

\_\_\_\_\_  
Signature of an authorized person

Joseph P. Sciacca

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRE-JDG LPGA INA 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-EIGHTH DAY OF MAY, A.D. 2024.

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

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 TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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