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Division of Corporations

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Florida Department of State
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SECRETARY OF STATE

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Email Address: morgan.roth@kslaw.com

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

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-JDC 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 3. _____
(Jurisdiction under the laws of which foreign limited liability company is organized) (F.T. 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 6. c/o Cerberus Real Estate Capital Management, LP
(Street Address of Principal Office) (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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) (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.

By: Meredith Helwig CT Corporation System
(Registered agent's signature) (Registered agent's name)

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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>Anand Jobalia</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael Pokorny</u>
<input type="checkbox"/> Member	Address: <u>444 Seabreeze Blvd, Suite 305</u>	<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>
<input type="checkbox"/> Authorized	<u>c/o Jobalia Development Group, LLC</u>	<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt</u>
Person	<u>Daytona Beach, FL 32118</u>	Person	<u>New York, NY 10022</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Joseph P. Sciacca</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Thomas E. Wagner</u>
<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>	<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>
<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt.</u>	<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt</u>
Person	<u>New York, NY 10022</u>	Person	<u>New York, NY 10022</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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

/s/ Joseph P. Sciacca

Signature of an authorized person

Joseph P. Sciacca

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 "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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", 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: 203567022

Date: 05-28-24