6/5/24, 2:12 PM

Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

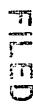
morgan.roth@kslaw.com Email Address:\_

## Foreign Limited Liability Company CRE-JDG Driftwood Bay Owner, LLC

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

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Help



CRE-IDG Driftwood Bay Owner, LLC

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

IN COMPLIANCE WITH SECTION 605(402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	aine adopted for the purpose of transacting business in F	londa The	alternate name must melade "Limited Lis	bility Company." "L.L.C." or "I
Delaware		3.	(FE) numb	
(Jurisdiction under the law of wh	nich foreign limited hability company is organized)		(FEI numb	er, (l'applicable)
	(Date first transacted business in Florida, if prior to	ameni rentino	0.1	
	(See sections 605 0904 & 605 0905, F.S. to determ	me penalty	tiability)	
	te Capital Management, LP	6	c/o Cerberus Real Estate Ca	
et Address of Principal Office)		U.	(Mailing Address)	
875 Third Avenue, 12th	ı Floor		875 Third Avenue, 12th Flo	or
New York, NY 10022			New York, NY 10022	_
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	Sign The Park
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			SEL TR
	Plantation		33324 , Florida	- 14 C
	(Cay)		(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:	oration System  Meredith Helivig, Assistant Secretary		
_	 (Registered agent's signature)		

8.	For initial indexing purposes, list name	s, title or capacity an	d addresses of the primary	members/managers or	persons authorized to
ma	nage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Anand Jobalia	∑ Manager	Name: Michael Pokorny
□Member	Address: 444 Seabreeze Blvd, Suite 805	□Member	Address: 875 Third Avenue, 12th Floor
□Authorized	c/o Jobalia Development Group, LLC	☐ Authorized	c/o Cerherus Real Estate Capital Mgmt.
Person	Daytona Beach, FL 32118	Person	New York, NY 10022
□Other	□Other	☐ Other	Other
	Name: Joseph P. Sciacca	∑ Manager	Name: Thomas E. Wagner
□Member	Address: 875 Third Avenue, 12th Floor	□Member	Address: 875 Third Avenue, 12th Floor
□Authorized	c/o Cerberus Real Estate Capital Mgmt.	☐ Authorized	c/o Cerberus Real Estate Capital Mgmt.
 Person	New York, NY 10022	Person	New York, NY 10022
□ Other	□ Other	□Other	□Other
□Manager	Name:	□ Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		☐ Authorized	
Person		Person	A
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/ Joseph P. Sciacca	
Signature of an authorized person	
Joseph P. Sciacca	
 Typed or printed name of signed	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRE-JDG DRIFTWOOD BAY 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.

at corp.delaware.gov/aut

Authentication: 203567021

Date: 05-28-24