M24000007095

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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24 JUNITE PM 3.1.

24 JUN 14 AMII:

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/14/24 Order #: 1531122-1

Re: Regener8 Cafe And Marketplace Wynwood, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

I20000000195 Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Registration Section

TO:

, Div	ision of Corporatio	ns								
SUBJECT:		AND MARKETPLACE V	VYNWOOD, LLC							
		Name of Limited Liability Company								
					ansact Business in Florida." y company to transact busin					
Please return	all correspondence	concerning this matter to th	e following:							
	Jamie Mandel									
		î	Name of Person							
	DLC Capital N	Janagement, LLC								
	Firm/Company									
	3921 Alton Road #465									
	Address									
	Miami Beach, FL 33140									
	City/State and Zip Code									
	jbmandel@dlcca	apmgmt.com								
		E-mail address: (to be us	ed for future annua	report no	tification)					
For further in	nformation concerning	g this matter, please call:								
Jan	nie Mandel		917 at (593-16	44					
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number					
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Exe	of Corporations of Section duilding ecutive Center Circle see, FL 32301					
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Boxed{\Omega} \\$130.00 \text{ Filing Fee & Gertificate of Status}	S155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop					

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.	ND MARKETPLACE WYNWOO						
(Name of For	eign Limited Liability Company: mus	st inclu	ide "Limited Lia	bility Company." "L.L.C"	or "LLC.")		_
(If name unavailable, enter a Liability Company," "L.L.C.	lternate name adopted for the purpose," or "LLC.")	of tra	insacting busines	ss in Florida. The alternate	name must in	iclude "Lir	_ nited
2. Delaware		3.	applied for				
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applica	ble)		-
4	(Data Sint transport Thuring	aa in 1	lasida (Casias ta	valatanting N			
	(Date first transacted busine (See sections 605.0904 & 605.	0905.	F.S. to determin	e penalty liability)			
5. 3921 Alton Road #465	5						
Miami Beach, FL 331-	40						
	(Street Address of F	'rincip	al Office)				
6. 3921 Alton Road #465	· · · · · · · · · · · · · · · · · · ·						
Miami Beach, Fl. 3314	40						
	(Mailing /	Addres	s)				
7. Name and street address	ss of Florida registered agent: (P.	O. Bo	x <u>NOT</u> accept	able)			
Name:	Corporation Service Company			_		24	34 A SE
Office Address:	1201 Hays Street					Ξ	<u> </u>
	Tallahassee			Florida 32301			. 유명 - 유명
	(City)			(Zip code)		圣	집
lesignated in this applica to complywith the provisi accept the obligations of	acity and address of the person(s)	ment prope y WA	as registered a r and complete Jodb	gent and agree to act in performance of my du	this capaci	iy. I ja ri	hé <u>kag</u> i
3921 Alton Road #465						_	
Miami Beach, FL 33140				una an		_	
O. Attached is a certificate urisdiction under the law of the translator must be so	·	rtitica	ite is in a foreig	gn language. a translatio	ng custody (n of the cert	– of records ificate un	s in the der oatl
	Signature	of an a	uthorized person	1	 -		
		202 (12 (12 72) 2.1 (Statutes. I am aware that	any false int	formation	

Typed or printed name of signce

QUAL-37697

Jamie Mandel



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

DELAWARE, DO HEREBY CERTIFY "REGENERS CAFE AND MARKETPLACE WYNWOOD,

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 THIRTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGENER8 CAFE

AND MARKETPLACE WYNWOOD, LLC" WAS FORMED ON THE SEVENTH DAY OF

DECEMBER, A.D. 2023.

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

Authentication: 203706401

Date: 06-13-24