

M24000008263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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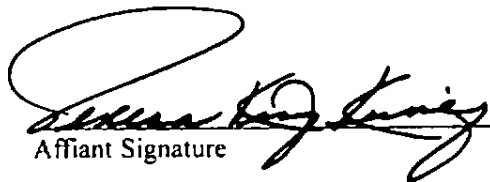


AFFIDAVIT

I, Teresa King Kinney ("Affiant"), the undersigned, hereby state and certify that the following statements are true and correct under penalty of perjury:

1. 405 W 51 Place, LLC ("Company"), document number L23000061706, was converted to a Delaware limited liability company as of January 8, 2024.
2. The Florida limited liability company filings with the Florida Division of Corporations were thereafter dissolved.
3. I am authorized to act on behalf of the Company.
4. I hereby release the Company's name for use in the State of Florida

Dated this 11th day of April, 2024.


Affiant Signature

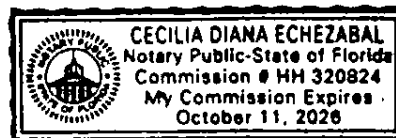
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 11th day of April, 2024, by Teresa King Kinney as Manager for 405 W 51 Place, LLC.


Signature of Notary Public – State of Florida

Cecilia Echezabal
Print, Type, or Stamp Commissioned Name of
Notary Public

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____



**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. 405 W 51 Place, L.L.C
(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 law of which foreign limited liability company is organized) (FEI 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. <u>700 S. Royal Poinciana Blvd.</u> (Street Address of Principal Office) | 6. <u>700 S. Royal Poinciana Blvd.</u> (Mailing Address) |
| <u>Suite 400</u> | <u>Suite 400</u> |
| <u>Miami, FL 33166</u> | <u>Miami, FL 33166</u> |

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Teresa King Kinney

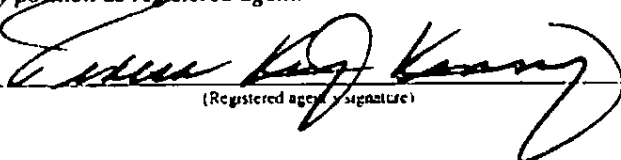
Office Address: 700 S. Royal Poinciana Blvd., Suite 400

Miami, Florida 33166
(City) (Zip code)

2024 Jan - 3 PM 1:14h

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.


(Registered agent's signature)

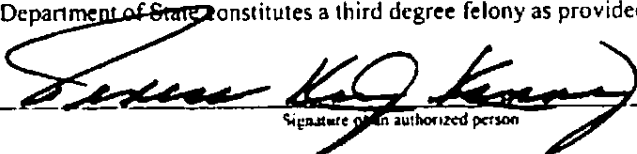
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: | Teresa King Kinney | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 700 S. Royal Poinciana Blvd. | | <input type="checkbox"/> Member | Address: | | |
| | | Suite 400 | | <input type="checkbox"/> Authorized | | | |
| Authorized | | | | | | | |
| Person | | Miami, FL 33166 | | Person | | | |
| <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 | |
| | | | | | | | |
| <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.



Signature of an authorized person
Teresa King Kinney

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 "405 W 51 PLACE, 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 SECOND DAY OF APRIL, A.D. 2024.


Jeffrey W. Bullock, Secretary of State

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SR# 20241254516

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203162483

Date: 04-02-24