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Florida Department of State

Division of Corporations  
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From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305)789-3200  
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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: sdepitto@sbvre.com

Foreign Limited Liability Company  
SBV RE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FL

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Help

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. SBV RE INVESTMENTS 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. 92-1535830  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of filing this Application with Florida Department of State  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1150 Kane Concourse, FL 2 6. 1150 Kane Concourse, FL 2  
(Street Address of Principal Office) (Mailing Address)  
Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

[Signature]  
(Registered agent's signature)

STATE  
TALLAHASSEE, FL

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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>
<input checked="" type="checkbox"/> Manager	Name: Eugene Schneur
<input type="checkbox"/> Member	Address: 1150 Kane Concourse
<input type="checkbox"/> Authorized Person	FL 2
	Bay Harbor Islands, FL 33154
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Bennett</u>
<input type="checkbox"/> Member	Address: <u>1150 Kane Concourse</u>
<input type="checkbox"/> Authorized	<u>FL 2</u>
Person	<u>Bay Harbor Islands, FL 33154</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☒ Manager      Name: Maurice Vaughn

☐ Member      Address: 1150 Kane Concourse

☐ Authorized      FL 2

Person      Bay Harbor Islands, FL 33154  
A. N. 201

☐ Other 21      ☐ Other \_\_\_\_\_

☐ Manager      Name: Elizabeth Moronta

☐ Member      Address: 1150 Kane Concourse

☐ Authorized      FL 2

Person      Bay Harbour Islands, FL 33154

☒ Other      Exec VP      ☐ Other

☐ Manager      Name: Paul Shevchuk

☐ Member      Address: 1150 Kane Concourse

☐ Authorized      FL 2

Person      Bay Harbor Islands, FL 33154

☒ Other Sr. VP      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ 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]*

Signature of an authorized person

Elizabeth Moronta, Executive Vice President

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 "SBV RE INVESTMENTS 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-THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBV RE INVESTMENTS LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2023.

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



7216622 8300

SR# 20241591658

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A 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 in a small font.

Authentication: 203314256

Date: 04-23-24