Division of Corporations

## Florida Department of State Division of Corporations

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Division of Corporations

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## Foreign Limited Liability Company CCP 6060 RIVA LLC

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(3)

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		COVER LETTER				
TO:	Registration Section Division of Corporations					
cubu	CCP 6060 RIVA LLC					
SUBJI	RCT:Name	e of Limited Liability Company				
Please	return all correspondence concerning this matter to	o the following:				
	Osvaldo F. Torres					
		Name of Person				
	Torres Law. P.A.					
Firm/Company						
	888 Southeast Third Avenue, Suite 400	0				
		Address				
	Fort Lauderdale, Florida 33316					
	C	ity/State and Zip Code				
	ozzie@torreslaw.net					
	E-mail address: (to be	Section Orporations 50 RIVA LLC  Name of Limited Liability Company tion by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Centre submitted to register the above referenced foreign limited liability company to transact business in pondence concerning this matter to the following:  Ildo F. Torres  Name of Person  es Law, P.A.  Firm/Company  Southeast Third Avenue, Suite 400  Address  Lauderdale, Florida 33316  City/State and Zip Code  Ptorreslaw, net  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  orres  754  Name of Contact Person  at 754  Area Code  Daytime Telephone Number  ess:  Section  Registration Section  Division of Corporations  The Centre of Tallahassee				
For fur	ther information concerning this matter, please cal	II:				
	Osvaldo F. Torres	754 300-5815				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section					
	Division of Corporations	•				
	P.O. Box 6327					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting outsiness in Fi	lurida. The	alternate name must include "Limited Liability Company," "L.E.C." o
Delaware		3.	(FEI number, if applicable)
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0804 & 605,0805, F.S. to determi	registration	n.) Sabdina
3480 Main Highway	the sections in 1910 and the Color of the Co	ne penny	3480 Main Highway
et Address of Principal Office)		6.	(Mailing Address)
Suite 302			Suite 302
Miami, FL 33133			Miami, FL 33133
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)
Name:	Todd P. Linden		2024 SEC
Office Address:	3480 Main Highway		2024 JUN 27 PM 10: 35 Florida (Zip code) Fig. 25
			33133
	Miami		Florida Ti

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.

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Todd P. Linden	■Manager	Name: Richard J. Valdes
□Member	Address: 3480 Main Highway	□Member	Address: 3480 Main Highway
□Authorized	Suite 302	☐ Authorized	Suite 302
Person	Miami, FL 33133	Person	Miami, FL 33133
□Other	Other	□Other	Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	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.

/s/ Todd P. Linden		
	Signature of an authorized person	
Todd P. Linden		
	Typed or printed name of signee	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CCP 6060 RIVA 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-SIXTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCP 6060 RIVALLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2023.

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

and core delaware cov/auth

Authentication: 203805110

Date: 06-26-24