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(Requestor's Name)

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(City/State/Zip/Phone #)

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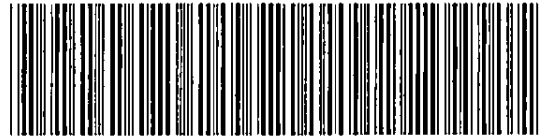
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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JUL 09 2024

K. Brumbley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/09/2024

Acc#I20160000072

en: c DW

Name:	CRE-JDG Rookery Owner, LLC
Document #:	
Order #:	15749485

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRE-JDG Rookery Owner, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Morgan Roth

Name of Person

King & Spalding LLP

Firm/Company

1180 Peachtree Street NE, Suite 1600

Address

Atlanta, GA 30309

City/State and Zip Code

morgan.roth@kslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

**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. CRE-JDG Rookery Owner, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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>c/o Cerberus Real Estate Capital Management, LP</u> (Street Address of Principal Office)	6. <u>c/o Cerberus Real Estate Capital Management, LP</u> (Mailing Address)
<u>875 Third Avenue, 12th Floor</u>	<u>875 Third Avenue, 12th Floor</u>
<u>New York, NY 10022</u>	<u>New York, NY 10022</u>

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

Name:	<u>C T Corporation System</u>
Office Address:	<u>1200 South Pine Island Road</u>
	<u>Plantation</u> , Florida <u>33324</u>
	(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: Meredith Hellwig C.T. Corporation System
Meredith Hellwig, Assistant Secretary
(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: <u>Anand Jobalia</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael Pokorny</u>
<input type="checkbox"/> Member	Address: <u>444 Seabreeze Blvd, Suite 805</u>	<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>
<input type="checkbox"/> Authorized	<u>c/o Jobalia Development Group, LLC</u>	<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt.</u>
Person	<u>Daytona Beach, FL 32118</u>	Person	<u>New York, NY 10022</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Joseph P. Sciacca</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Thomas E. Wagner</u>
<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>	<input type="checkbox"/> Member	Address: <u>875 Third Avenue, 12th Floor</u>
<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt.</u>	<input type="checkbox"/> Authorized	<u>c/o Cerberus Real Estate Capital Mgmt.</u>
Person	<u>New York, NY 10022</u>	Person	<u>New York, NY 10022</u>
<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.

/s/ Joseph Sciacca

Signature of an authorized person

Joseph Sciacca

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CRE-JDG ROOKERY 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 EIGHTH DAY OF JULY, A.D. 2024.

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



4157568 8300

SR# 20243084037

You may verify this certificate online at 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: 203877324

Date: 07-08-24