## M240000008906

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## **COVER LETTER**

TO: • Registration S • Division of Co							
Torose SUBJECT:	910 Lincoln LLC						
	Name	of Limited Liability Co	mpany				
				sact Business in Florida," Certificate of company to transact business in Florida			
Please return all corresp	oondence concerning this matter to	the following:					
Kath	y Darden						
		Name of Person		· · · · · · · · · · · · · · · · · · ·			
Pols	inelli PC						
		Firm/Company					
150	N. Riverside Plaza, Suite 3000						
		Address					
Chic	ago, IL 60606						
	Cir	ty/State and Zip Code					
kda	rden@polsinelli.com						
	É-mail address: (to be	used for future annual r	report notifi	cation)			
For further information	concerning this matter, please call	:					
Kathy Darden		312	463-638 )	1			
	Name of Contact Person	Area Code	Daytii	me Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Sec	ction				
Division of Corporations		Division of Cor	Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
l allahassee.	Tallahassee, FL 32314			Suite 810			
	check for the following amount: heck payable to: FLORIDA DEP, ling Fee	& 🔯 \$155.00 Filir	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPILANCE 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:

	name adopted for the purpose of transacting business in Flo	rida. The alternate i	zane must melude "Lii	mited Liabilit	y Company," "I	"I"C," or "U (			
Delaware	99-3399431								
(Jurisdiction under the law of w	3								
	(Date first transacted business in Florida, if order to or	enidration l			_				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	e penalty liability)							
2601 S. Bayshore Drive i.		2601 S. Bayshore Drive 6. (Mailing Address)							
reet Address of Principal Office)		6	failing Address)			•			
Suite 1450		Suite	1450						
Miami, FL 33133	Miami, FL 33133								
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)		2				
Name:	Corporation Service Company			: : :	187 JUL 12	: :			
	1201 Hays Street				100 T	A RED			
Office Address:			3230	1		W ID: 33			
Office Address:	Tallahassee (City)		, Florida		7. 7.				

- 54A7949C993147D (Registered agent's signature)

Scott Sherman

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: Title or Capacity: Name and Address: Name and Address: Name: Scott Sherman Torose 910 Lincoln GP LLC □Manager □Manager Name: 2601 S. Bayshore Drive 2601 S. Bayshore Drive □Member Address: ■Member Address: Suite 1450 Suite 1450 ■ Authorized □ Authorized Miami, FL 33133 Miami, FL 33133 Person Person □Other\_\_\_ Other □Other Other Name: \_\_\_\_\_ □Manager □Manager Address: \_\_\_\_\_17 W Las Olas Blvd. ■ Member ☐ Member Address: Fort Lauderdale, FL 33301 ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ Other Other\_\_\_\_ □Manager Name: □Manager Name: ☐ Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 -05714554AEF548A

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TOROSE 910 LINCOLN, 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 ELEVENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOROSE 910 LINCOLN, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2024.

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



Jeffrey W Bullock, Secretary of State