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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DNeuweiler@mintousa.com

**Foreign Limited Liability Company
LM NAPLES, LLC**

Certificate of Status	0
Certified Copy	1
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2024 JUL 17 PM 12:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FAX: (850) 617-6383

2024 JUL 17 PM 4:22

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LM Naples, 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. July 12, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S., to determine penalty liability)

5. 4400 W. Sample Road
(Street Address of Principal Office)

Suite 200

Coconut Creek, FL 33073

6. 4400 W. Sample Road
(Mailing Address)

Suite 200

Coconut Creek, FL 33073

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

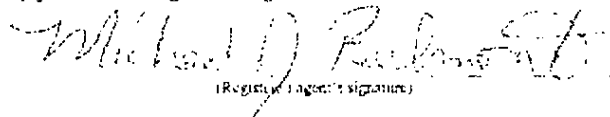
Name: Michael Belmont

Office Address: 4400 W. Sample Road, Suite 200

Coconut Creek, Florida 33073
(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.


(Registered agent's signature)

2024 JUL 17 PM 4:22

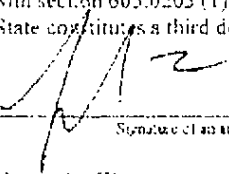
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Theodore (Dutch) Neuweiler III	<input checked="" type="checkbox"/> Manager	Name: William Bullock
<input type="checkbox"/> Member	Address: 4400 W. Sample Road	<input type="checkbox"/> Member	Address: 4400 W. Sample Road
<input type="checkbox"/> Authorized	Suite 200	<input type="checkbox"/> Authorized	Suite 200
Person	Coconut Creek, FL 33073	Person	Coconut Creek, FL 33073
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: R. Blakeslee Gable	 <input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 2600 Golden Gate Parkway	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Naples FL 3410	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: Brian Goguen	 <input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 2600 Golden Gate Parkway	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Naples FL 3410	<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
 Theodore (Dutch) Neuweiler III

 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 "LM NAPLES, 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 SEVENTEENTH DAY OF JULY, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State