M24000009789

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| |
| |
| |

Office Use Only



300432573413

DECKE TO SEE THE STATE

APPROVED FILED

RECEIVED

JUL 3 0 2024 K. Brumbley

CT CORP

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

07/30/2024

| D | ate: | 07/30/2024 | - w: CDW |
|--|-----------------------------|--|---|
| | | Acc#I201600000 | 72 GN: C J W |
| Name: | CRE-JDG | Broward Key Owner | , LLC |
| Document #: | | | |
| Order #: | 15792779 |) | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination Number of Certs: | n: |
| Filing: | Certifie Plain: COGS: | ed: 🗸 | Email Address for Annual Report Notifications |
| Availability Document Examiner Updater Verifier Ref# | Amoun | t:\$ 155.00 | |

Thank you!

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|---|
| SUBJE | CRE-JDG Broward Key Owner, LLC |
| | Name of Limited Liability Company |
| | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please r | eturn 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@ksław.com |
| | E-mail address: (to be used for future annual report notification) |
| For furt | er information concerning this matter, please call: |
| | at () |
| | Name of Contact Person Area Code Daytime Telephone Number |
| | Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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 S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. CRE-JDG Broward Ke (Name of Foreign | y Owner, ELC Limited Liability Company; must include "Limited | Liability Company. | " "L.L.C.," or "LLC.") | <u> </u> |
|---|---|---------------------------------------|--|--------------------------------------|
| (If name unavailable, enter alternate t | name adopted for the purpose of transacting business in Flo | orida. The afternate nan | ne must include "Limited Lial | bility Company," "L.L.C," or "LEC.") |
| Delaware 2. | hich foreign limited hability company is organized) | 3 | (FEI numbe | |
| (Jurisdiction under the law of w | nich foreign finnted hability company is organized) | | (FEI numbe | r, if applicable) |
| 4 | | | | |
| | (Date first transacted business in Florida, if prior to) (See sections 605.0904 & 605.0905, F.S. to determine | egistration.) ne penalty hability) | | |
| e/o Cerberus Real Esta | ite Capital Management, LP | c/o Cerb | erus Real Estate Cap | oital Management, LP |
| (Street Address of Principal Office) | | (Man | ing Address) | |
| 875 Third Avenue, 12t | h Floor | 875 Thir | d Avenue, 12th Floo | or |
| New York, NY 10022 | | New Yo | rk, NY 10022 | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable | ٤) | 2024. |
| Name: | C T Corporation System | | | APPRO FILI JUL 30 |
| Office Address: | 1200 South Pine Island Road | | | 6.5 PH 6: |
| | Plantation | , | 33324 Florida | · 29 |
| | (City) | | (Zip code) | |
| designated in this applica- to comply with the provisi | gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. | registered agen and complete pe | t and agree to act in erformance of my du | this capacity. I further agre |
| Е | C T Corporation System Sy: (Registered agent's s | | Meredith H | ellwig, Officer — |

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: Anand Jobalia | ⊠Manager | Name: |
| □Member | Address: 444 Scabreeze Blvd, Suite 805 | □Member | Address: 875 Third Avenue, 12th Floor |
| □Authorized | c/o Jobalia Development Group, LLC | □Authorized | c/o Cerberus Real Estate Capital Mgmt. |
| Person | Daytona Beach, FL 32118 | Person | New York, NY 10022 |
| Other | Other | □Other | Other |
| ⊠Manager | Name: | ⊠Manager | Name: Thomas E. Wagner |
| □Member | Address: 875 Third Avenue, 12th Floor | | Address: 875 Third Avenue, 12th Floor |
| □Authorized | c/o Cerberus Real Estate Capital Mgmt. | □Authorized | c/o Cerberus Real Estate Capital Mgmt. |
| Person | New York, NY 10022 | Person | New York, NY 10022 |
| □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/ Joseph P. Sciacca | |
|---------------------------------------|--|
| Signature of an authorized person | |
| Joseph P. Sciacca | |
| 77 1 1 1 1 1 1 | |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CRE-JDG BROWARD KEY 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 THIRTIETH DAY OF JULY, A.D. 2024.

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



Authentication: 204045790

Date: 07-30-24