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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**Foreign Limited Liability Company
I Shops Land, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$160.00 |

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DIVISION OF CORPORATIONS
DIGITAL FILING

MS

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: I Shops Land, 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:

Adam Raboy

Name of Person

Flag Luxury Group

Firm/Company

70 East 55th Street, 23rd Floor

Address

New York, New York 10022

City/State and Zip Code

Adam.Raboy@flagluxury.com

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

For further information concerning this matter, please call:

Adam Raboy

Name of Contact Person

at (212) 796-8181

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. I Shops Land, 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 (904) & 605 (905), F.S. to determine penalty liability.)5. 70 East 55th Street, 23rd Floor

(Street Address of Principal Office)

6. 70 East 55th Street, 23rd Floor

(Mailing Address)

New York, New York 10022New York, New York 100227. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee, Florida 32301
(City) (Zip code)

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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.

Kim TadlockKim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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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>Adam Raboy</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Paul C. Kanavos</u> |
| <input type="checkbox"/> Member | Address: <u>70 East 55th Street, 23rd Floor</u> | <input type="checkbox"/> Member | Address: <u>70 East 55th Street, 23rd Floor</u> |
| <input type="checkbox"/> Authorized | <u>New York, New York 10022</u> | <input type="checkbox"/> Authorized | <u>New York, New York 10022</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ |
| | | | |
| <input checked="" type="checkbox"/> Manager | Name: <u>Charles Whittall</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>7940 Via Dellagio Way</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Suite 200</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>Orlando, FL 32819</u> | Person | _____ |
| <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 | _____ |

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

Adam Raboy

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "I SHOPS LAND, 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 SECOND DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I SHOPS LAND,
LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2024.

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



3879017 8300

SR# 20243314487

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204078065

Date: 08-02-24

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