M24000010139

(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



700431202897

2024 AUG -8 AM 8: 40

APPROVED PILED

POSTVED

RUM AUG-8 PH 1:02

SCOMMANSSEL FLOW.

7∄9 0 8 2<mark>024</mark> -<. Brumbl**e**y

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/08/2024	_		**WALK IN**
entity name <u>3280</u>	GRAND LLC		
DOCUMENT NUMBER	\		
	PLEASE FILE THE A	ATTACHED AND RETURN	
	Plain Copy		
	Certified Copy		
XXXXXXXX	Certificate of Status		
	**PLEASE OBTAIN THE FOLL Certified Copy of Arts & Certificate of Good Standing		
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTIN NUMBER OF CERTIFIC			_ _
TOTAL OWED \$130		ACCOUNT #: I20160000072	
		S. 8710	
Please call Tina at	the above number for any	, issues or concerns. Thank you so	much!

COVER LETTER

Section 1997

D	ivision of Corporations	
SUBJECT	3280 GRAND I.LC :	
, , , , , , , , , , , , , , , , , , , ,	Name	e of Limited Liability Company
The enclos Existence,	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floridate of the company to
lease retu	irn all correspondence concerning this matter to	o the following:
	Eyal Peretz	
		Name of Person
		Firm/Company
	900 NW 6th ST, SUITE 201	
		Address
	FORT LAUDERDALE, FL 33311	
	C	City/State and Zip Code
	eyal@fusegroupco.com	
	E-mail address: (to be	e used for future annual report notification)
or further	information concerning this matter, please ca	II:
E	Eyal Peretz	954 9267500 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	<u> Address:</u> Legistration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Т	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEF	PARTMENT OF STATE
	\$125.00 Filing Fee \$130.00 Filing Fe	re & 🗆 \$155,00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavariante, erter anemate n	same adopted for the purpose of transacting business in Flori	da. The alternate name n	iusi include "Limited Liability	Company, "L. C."	or "LUC."
DELAWARE		87-309420 3.			
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	.5	(PEI number, 11 a	applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	ustration) penulty hability)			
900 NW 6th ST		900 NW 61	h ST, SUITE 201		
reet Address of Principal Office)		6(Mailing	Address)		
SUITE 201, FORT LA		FORT LA	JDERDALE		
FL 33311		FL 33311			2024 BUG
Name and street address	s of Florida registered agent: (P.O. Box)	NOT acceptable)			kUG -8
Name:	Glenn A. Arbeitman, Esq.			201	A 8:
Office Address:	900 NW 6TH STREET SUITE 201			295	0.13
	FORT LAUDERDALE	. Բև	33311 orida		
	(City)	·	(/ip code)	_	

8.	For initial indexing purposes, lis	ist names, title or capacit	y and addresses of the primary	members/managers or	persons authorized to
ma	nage [up to six (6) total]:				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
i Manager	Name: Green Team Ventures LLC	□Manager	Name:			
∐Member	Address: 900 NW 6th ST, Suite 201		Address:			
□Authorized	Fort Lauderdale, FL 33311	□Authorized				
Person		Person				
□Other	□()ther	Other				
□Manager	Name:	□Manager	Name:			
∐Member	Address:	∐Member	Address:			
□Authorized		□Authorized				
Person		Person				
□Other	Other	□Other	Other			
□Manager	Name:	□Manager	Name:			
□Member	Address:	□lMember	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.						
	Eyal Peretz					

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "3280 GRAND, 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 AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3280 GRAND, LLC"

WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204115111

Date: 08-08-24

6299015 8300 SR# 20243359123