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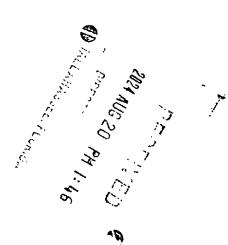
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TYPE OF FILING: APPLICATION

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	DRE Management Group, LLC	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		ne of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability ce, 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 Florida.
Please r	eturn all correspondence concerning this matter	to the following:
	Jordan Heilman	
		Name of Person
	Quarles & Brady LLP	
		Firm/Company
	411 E. Wisconsin Ave. Suite 2400	
	· · · · · · · · · · · · · · · · · · ·	Address
	Milwaukee, WI 53202	
	(ity/State and Zip Code
	jordan.heilman@quarles.com	
	E-mail address: (to be	c used for future annual report notification)
For furtl	ner information concerning this matter, please ca	н:
	Jordan Heilman	414 277-3034 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$\Begin{array}{l} \Bigsig \text{\$125.00 Filing Fee} \Bigsig \text{\$130.00 Filing Fee} \Bigsig \text{\$Certificate of the following amount:} \end{array}	e & 🖂 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DRE Management Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, oner alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 4395 Corporate Square 4395 Corporate Square (Street Address of Principal Office) Naples, FL 34104 Naples, FL 34104 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida (City) 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. Stephanie Hence

(Registered agent's signature)

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: Russell A. Budd Name: Katie Ann Paschall ■Manager ■Manager Address: 4395 Corporate Square Address: 4395 Corporate Square ☐ Member □Member Naples, FL 34104 Naples, FL 34104 □ Authorized □ Authorized Person Person □Other □Other____ Other Other____ □Manager □ Manager Name: _____ ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □ Other ____ Other___ Other □Other_____ □ Manager Name: ____ □Manager Name: ____ □Member Address: ☐ Member Address: \square 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. Russell A Budd Signature of an authorized person Russel A. Budd

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DRE MANAGEMENT GROUP, 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 NINETEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRE MANAGEMENT GROUP, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2020.

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

Authentication: 204193600

Date: 08-19-24

7780515 8300 SR# 20243454461