M24000010984

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| (Addless) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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08/21/24--01017--013 **180.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| SUBJE | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida | | | | | | |
| Please i | return all correspondence concerning this mat | ter to the following: | | | | | | |
| | Louis Finocchiaro | | | | | | | |
| | | Name of Person | | | | | | |
| | Raptor Group | | | | | | | |
| | | Firm/Company | | | | | | |
| | 2340 Collins Ave - 5th Floor | | | | | | | |
| | | Address | | | | | | |
| | Miami Beach, FL 33139 | | | | | | | |
| | <u> </u> | City/State and Zip Code | | | | | | |
| | louis@raptorgroup.com | | | | | | | |
| | E-mail address: (t | to be used for future annual report notification) | | | | | | |
| For furt | ther information concerning this matter, please | e call: | | | | | | |
| Louis Finocchiaro | | 781 816-3302 | | | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | | | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations | | | | | | |
| | | The Centre of Tallahassee | | | | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |
| | Enclosed is a check for the following amour Please make check payable to: FLORIDA I | DEPARTMENT OF STATE | | | | | | |
| | ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certifica | g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy | | | | | | |

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

IN COMPLANCE 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:

| name unavailable, enter alternate | name adopted for the purpose of transacting busing | ess in Florida. The alternat | te name must include "Limited Liability C | Company," "L.L.C." | " or "LLC." |
|-----------------------------------|--|--|---|--------------------|-------------|
| Delaware | | 2 | | | |
| (Jurisdiction under the law of | which foreign limited liability company is organize | 3 | (FEI number, if ap | plicable) | |
| | | | | | |
| | (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to | prior to registration.) determine penalty liability | y) | | |
| 2340 Collins Ave - 5 | th Floor | | e as Section 5 | | |
| eet Address of Principal Office) | | 6 | (Mailing Address) | | |
| Miami Beach, FL 33 | 120 | | | | |
| Wildfill Beach, FL 33 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name and street addre | ess of Florida registered agent: (P.C |). Box NOT accep | table) | | · |
| | | | | | |
| Name: | Robert Needham | | | , 20 | |
| ivaine: | | | _ | 35 | |
| | | | | | |
| Offina Addrawy | 400 Alton Road - 2506 | | | | |
| Office Address: | | | _ | - | , , |
| Office Address: | 400 Alton Road - 2506 Miami Beach | | — 33139 , Florida | | -, |

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]:

| itle or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--|--|---|--|
| Manager | Name: | □Manager | Name: Robert Needham |
| ■Member | Address: | □Member | Address: 2340 Collins Ave - 5th Floo |
|]Authorized | Miami Beach, FL 33140 | ■Authorized | Miami Beach FL, 33139 |
| Person | | Person | |
| Other | □Other | Other | Other |
|]Manager | Daniel Hart | □Manager | Name: |
| Member | Address: 2340 Collins Ave - 5th Floor | □Member | Address: |
| Authorized | Miami Beach FL, 33139 | □Authorized | |
| Person | | Person | |
|]Other | □Other | □Other | Other |
| Manager | Name: | □Manager | Name: |
| Member | Address: | □Member | Address: |
| Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | Other | Other |
| ndexed individuals . Attached is a cert | Ise an attachment to report more than six (6). I may be added to the index when filing your F ificate of existence, no more than 90 days old the law of which it is organized. (If the certificate | lorida Department of State, duly authenticated by the | e Annual Report form. official having custody of records in the |

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.

Robert Needham

Signature of an authorized person

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 "2108 NORTH BAY 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 FOURTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2108 NORTH BAY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

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

Authentication: 204158462

Date: 08-14-24

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SR# 20243410694