

9/27/24, 9:42 AM

Division of Corporations

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

From:
Account Name : SAUL EWING LLP
Account Number : I28060300021
Phone : (561)833-9800
Fax Number : (561)655-5551

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

Email Address: eavila@peeblescorp.com

Foreign Limited Liability Company
1198 VENETIAN OWNER LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1198 VENETIAN OWNER LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. DELAWARE APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration)
(See sections 605.002 & 605.003, F.S., to determine penalty liability)

5. 1691 MICHIGAN AVENUE, SUITE 250 1691 MICHIGAN AVENUE, SUITE 250
(Street Address of Principal Office) (Mailing Address)
MIAMI BEACH, FLORIDA 33139 MIAMI BEACH, FLORIDA 33139

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RONALD R. FIELDSTONE, C/O SAUL EWING
Office Address: 701 BRICKELL AVENUE, 17TH FLOOR
MIAMI, Florida 33131
(City) (Zip code)

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.

Ronald R. Fieldstone
(Registered agent's signature)

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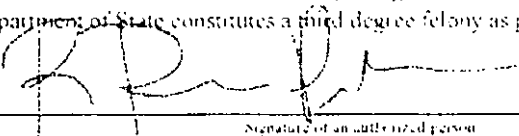
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>R. DONAHUE PEEBLES</u>	☐ Manager	Name: _____
☒ Member	Address: <u>1691 MICHIGAN AVENUE</u>	☐ Member	Address: _____
☐ Authorized	<u>SUITE 250</u>	☐ Authorized	_____
Person	<u>MIAMI BEACH, FLORIDA 33139</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ 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 605.02(3)(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

R. DONAHUE PEEBLES

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Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1198 VENETIAN 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2024.



5279701 8300

SR# 20243791468

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", 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: 204497106

Date: 09-26-24

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