

M24000012905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

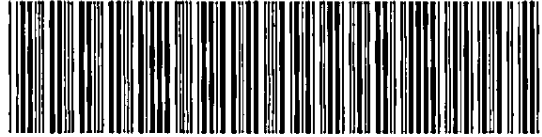
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

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2024 OCT -9 PM 6:17

RECEIVED
2024 OCT -9 PM 3:54
TALLAHASSEE, FLORIDA

OCT 09 2024

K. Brumby



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/09/24
Order #: 1641388-1
Re: Dxd Ss Fund li Sarasota Propco, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

DXD SS FUND II SARASOTA PROPCO, LLC

SUBJECT: _____
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:

Tammy Phillips

Name of Person

DXD SS Fund II Sarasota Propco, LLC

Firm/Company

PO Box 92137

Address

Albuquerque, NM 87199

City/State and Zip Code

tammy@dxd.capital

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

For further information concerning this matter, please call:

Tammy Phillips

757

5592086

Name of Contact Person at (_____) _____
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 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

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:

1. DXD SS FUND II SARASOTA PROPCO, 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.")
Delaware 99-4476916

2. (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 605.0904 & 605.0905, F.S. to determine penalty liability)
6700 Jefferson St. NE PO Box 92137

5. (Street Address of Principal Office) Bldg E.
Albuquerque, NM 87109
6. (Mailing Address)
Albuquerque, NM 87199

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Corporation Service Company
Name: 1201 Hays Street
Office Address: Tallahassee 32301
(City) Florida (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.
Corporation Service Company
By: (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:**
☒ Manager Name: Drew Dolan
☐ Member Address: PO Box 92137
☐ Authorized Address: Albuquerque, NM 87199
 Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Cory Sylvester
☐ Member Address: PO Box 92137
☐ Authorized Address: Albuquerque, NM 87199
 Person
☐ Other ☐ Other

☒ Manager Name: Ray Ferranti
☐ Member Address: PO Box 92137
☐ Authorized Address: Albuquerque, NM 87199
 Person
☐ Other ☐ Other

☐ Manager Name: Christine Becker
☐ Member Address: PO Box 92137
☒ Authorized Address: Albuquerque, NM 87199
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ 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.

DocuSigned by:
 Christine Becker
 3AE137537D91478
 Signature of an authorized person

Christine Becker

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DXD SS FUND II SARASOTA PROPCO, 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 OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DXD SS FUND II SARASOTA PROPCO, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2024.

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



3707766 8300

SR# 20243895582

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.

Authentication: 204582383

Date: 10-08-24