

11/26/24, 10:24 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

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

Email Address: _____

Foreign Limited Liability Company
DXE Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC - 2 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DXE Management LLC

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:

Jessica Perez

Name of Person

Firm/Company

350 NW 1st Avenue, Suite 200

Address

Miami, FL 33128

City/State and Zip Code

jessica.perez@feci.com

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

For further information concerning this matter, please call:

Jessica Perez

305

520-2366

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. DXE Management 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.")

2. Delaware
(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)

5. 8329 W. Sunset Rd, Suite 150
(Street Address of Principal Office)

6. 350 NW 1st Avenue, Suite 200
(Mailing Address)

Las Vegas, NV 89113

Miami, FL 33128

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Dwight Coote, Vice President
(Registered agent's signature)

2024 NOV 26 PM 5:29
TALLAHASSEE, FLORIDA

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2024 NOV 26 PM 5:29

SECRETARY OF
TALLAHASSEE COUNTY

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: Sarah Watterson

☐ Member Address: 8329 W. Sunset Rd., Ste 150

☐ Authorized Las Vegas, NV 89113

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Christopher C. Yarris

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other CAO ☒ Other VP

☐ Manager Name: P. Michael Reininger

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other CEO ☒ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jeffrey C. Swiatek

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other CFO ☒ Other VP

☐ Manager Name: Kolleen Cobb

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other VP, S ☒ Other Chief Legal Office

☐ Manager Name: M. Bruce Snyder

☐ Member Address: 8329 W. Sunset Rd., Ste 150

☐ Authorized Las Vegas, NV 89113

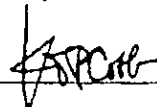
Person _____

☒ Other DCFO ☐ 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.



Signature of an authorized person

Kolleen Cobb, Vice President

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DXE MANAGEMENT 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DXE MANAGEMENT LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2019.

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

FILED
2024 NOV 26 PM 5:29
SECRETARY OF STATE
DELAWARE



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SR# 20244235884

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204894817

Date: 11-18-24