Division of Corporations

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Florida Department of State Corporations

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Foreign Limited Liability Company **T&T Hospitality Sunny Isles LLC**

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M. SOLOMON

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COVER LETTER

	F&T Hospitality Sunny Isles LLC →	_					
UBJECT: _	Name	of Limited Liability Company					
he enclosed " vistence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Flori eferenced foreign limited liability company to transact b	da," Cer nusiness	nificate in Floric			
ease return a	ill correspondence concerning this matter to	the following:					
	Steven Rosenthal, Esq.						
		Name of Person					
	Marx Rosenthal PLLC						
		Firm/Company					
	One SE Third Avenue, Suite 1210		<u>د٠.</u>	2(
		Address	:)21, [
	Miami, FL 33131		´	2021, DEC -2			
		175 Co.)		-2			
	C.	ity/State and Zip Code) (기 <u>(</u>)	PM 1:3			
	steve'a,marxrosenthal.com		711 ₆₂₅	_			
	E-mail address: (to be	used for future annual report notification)	PZ	: 39			
or further int	formation concerning this matter, please cal	N:	r::	•			
Stev	en Rosenthal	786 378-8121					
	Name of Contact Person	at () Area Code Daytime Telephone Numb	er				
Mail	ing Address:	Street Address:					
Registration Section		Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations					
		The Centre of Tallahassee					
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	osed is a check for the following amount:						

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

IN COMPLANCE WITH SECTION 0050002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANYTOTRANSACT RUSINESS INTHE STATE OF FLORIDA T&T Hospitality Sunny Isles LLC (Name of Toreign Limited Liebility Company, intist include "Limited Liability Company," L.L.C.," or "LLC.") (If nemic innavailable, enter alternate name adopted for the purpose of transacting business in Horida. The alternate name must include "Limited Liability Congrany," "LEC," or "EEC,") Delaware (Jurisdiction under the law of which foreign bioard hability company is organized) (FE) number, if applicable) As of date of registration (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. in determine penalty liability). 17975 Collins Avenue 17975 Collins Avenue (Masling Address) (Street Address of Principal Office) Sunny Isles, FL 33160 Sunny Isles, FL 33160 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mary Rosenthal PLLC Name: One SE Third Avenue, Suite 1210 Office Address:

Registered agent's acceptance:

Miami

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 statuted 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.

(Registered agent's signatures

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:				
Manager	Name: Theodore Eliopoulos	■Manager	Name: Crema Project LLC				
□Member	Address:	□Member	Address:				
□Authorized	Sunny Isles, FL 33160	□Authorized	Suite 203				
Person		Person	Coral Gables, FL 33134				
Other	□Other	□Other	□Other				
⊡Manager	Name:	□Manager	Name: 6. 23				
□Member	Address:	□Member	Address:				
□Authorized		☐ Authorized	(C)				
Person		Person	<u> </u>				
□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. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

10.	This docum	nent is execu	ted in accordance	e with section	. 605.0203 (1) (b), Florida	Statutes, I	lam aware	that any	false inforn	nation
subi	mitted in a	document to t	he Department c	of State consti	tutes a thipd	degree felony	as provid	ed for in s.t	817.155.	F.S.	

Theodore Eliopoulos Typed in printed name of signer

^{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 nath of the translator must be submitted)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "T&T HOSPITALITY SUNNY ISLES 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-SECOND DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T&T HOSPITALITY SUNNY ISLES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER,

A.D. 2024.

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

Authentication: 204953282

Date: 11-22-24