M2400001526L

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

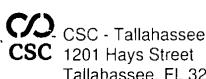


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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/06/24 Order #: 1718017-2

Re: SMR MIA Airport Member LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Num

12000000195

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

Division of Corporations

SMR MIA Airport Member LLC

JBJECT:

Name of Limited Liability Company e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of istence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. ease return all correspondence concerning this matter to the following: Name of Person Related Companies Firm/Company 30 Hudson Yards, 72nd Floor Address New York, NY 10001 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Daytime Telephone Number Name of Contact Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. DMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The	ilternate name must include "Limited L	iability Company," "L L C," or	"LLC
Delaware		7	N/A		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
N/A					
<u></u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ne penalty) liability)		
c/o Related, 30 Hudson Yards, 72nd Floor			c/o Related, 30 Hudson Yards, 72nd Floor		
et Address of Principal Office)		6. (Mathing Address)			_
New York, NY, 10001		New York, NY, 10001			
New York, NY, 1000	1 	-			_
	ss of Florida registered agent: (P.O. Box			2024 S.F.:	_
				2024 DEC -	the control of the co
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box			2000年 6 - 6	
Name and <u>street addres</u> Name:	Sof Florida registered agent: (P.O. Box Corporation Service Company			%. -6	

laving been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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: Shauna Godbolt ____

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

□Other
□Other
□Other
eporting purposes only. Non- eport form. It is custody of records in the con of the certificate under oath It that any false information 2.817.155, F.S.

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SMR MIA AIRPORT MEMBER 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 FIFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMR MIA AIRPORT MEMBER LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205045557

Date: 12-05-24