

M25000001077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

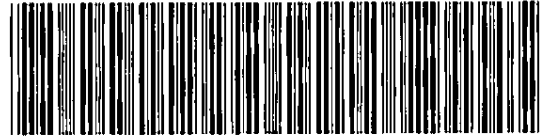
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W25-6150

Office Use Only



300441834053

APPROVED  
AND  
FILED  
2025 JAN 13 AM 10:45  
COURT CLERK  
COURT HOUSE

2025 JAN 13 11:20

JAN 25 2025

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2025

CSC

SUBJECT: CALTOPIA II, LLC  
Ref. Number: W25000006150

**RESUBMIT**

**Please give original  
submission date as file date.**

We have received your document for CALTOPIA II, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L24000528545.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 725A00000962

RECEIVED  
2025 JAN 24 AM 11:27  
STATE  
TALLAHASSEE



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: 01/13/25  
Order #: 1762521-3  
Re: Caltopia li, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority  
Amount to be deducted from our State Account: \$160.00 - 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

SUBJECT: CALTOPIA II, 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:

Jose J. Leonardo, Esq.  
Name of Person  
Law Offices of Jose J. Leonardo, Esq.  
Firm/Company  
500 S. Dixie Highway, Suite 204  
Address  
Coral Gables, FL 33146  
City/State and Zip Code  
jose.leonardo@jleonardolaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Leonardo at (305) 275-9177  
Name of Contact Person 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. CALTOPIA II, 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. 33-2773869 (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. 3121 Ponce de Leon Blvd. (Street Address of Principal Office)
6. 3121 Ponce de Leon Blvd. (Mailing Address)
Coral Gables, FL 33134 Coral Gables, FL 33134

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)

APPROVED AND FILED
2025 JAN 13 AM 10:15
CORPORATION SERVICE COMPANY

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.

By: [Signature]
Corporation Service Company
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Gaetano Caltagirone</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3121 Ponce de Leon Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

*Gaetano Caltagirone*

\_\_\_\_\_  
Signature of an authorized person

Gaetano Caltagirone

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALTOPIA II, 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 TENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALTOPIA II, LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2025.

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



10055870 8300

SR# 20250093745

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202667060

Date: 01-10-25

Prepared by:  
Jose J. Leonardo, Esq.  
500 S. Dixie Highway, Suite 204  
Coral Gables, FL 33146

**AFFIDAVIT OF RELEASE OF CORPORATE NAME**

BEFORE ME, the undersigned authority, personally appeared Jose J. Leonardo, who after being by me first duly sworn, deposes and says as follows:

1. On December 23, 2024, I personally filed by electronic means a limited liability company in Florida under the name of Caltopia II, LLC (the "Company") under document #L24000528545. I am the Registered Agent for the Company. The Company was dissolved on January 17, 2025.

2. The Company was filed in Florida by mistake as it was required to be filed in Delaware to comply with the lender's requirement in connection with a Construction Loan.

3. On January 14, 2025, the Florida Department of State, Division of Corporations, rejected a filing by my client of an Authorization to do Business in Florida, filed by CSC for the Delaware LLC, which is also named Caltopia II, LLC, under reference No.: **W25000006148**.

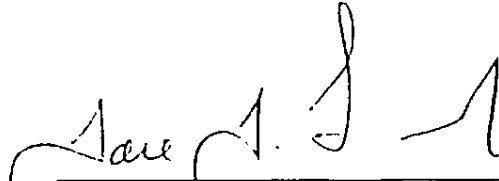
4. Caltopia II, LLC, a dissolved Florida limited liability company hereby releases the name of **Caltopia II, LLC**, in Florida and authorizes **Caltopia II, LLC**, a **Delaware limited liability company** to register to do business in Florida under the name of **Caltopia II, LLC**.

5. Affiant further states that he is familiar with the nature of this oath and with the penalties by law for falsely swearing to statements made in an instrument of this nature; that under the penalties of perjury, the above statements are true and correct.



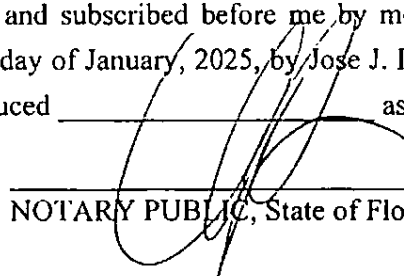
6. This Affidavit is given as an inducement for the Florida Department of State, Division of Corporations, to accept the filing of an authorization to do business in Florida by Caltopia II, LLC, a Delaware limited liability company.

FURTHER AFFIANT SAYETH NAUGHT.

  
Name: Jose J. Leonardo

STATE OF FLORIDA                    )  
  )SS:  
COUNTY OF MIAMI-DADE        )

The foregoing instrument was sworn to and subscribed before me by means of  physical presence or  online notarization, this 17<sup>th</sup> day of January, 2025, by Jose J. Leonardo, who is  personally known to me or  who has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at Large

(SEAL)



\_\_\_\_\_  
(Print Name)  
My Commission expires: