

M250000001078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

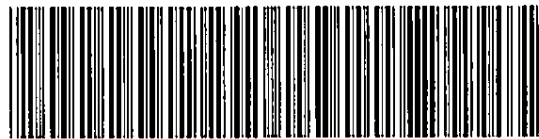
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W25-6148

Office Use Only



400441834044

APPROVED
AND
FILED

2025 JAN 13 AM 10:50

RECEIVED
FEB 11 2025

2025 JAN 13 AM 10:50

JAN 25 2025

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2025

CSC

SUBJECT: CALTOPIA I, LLC
Ref. Number: W25000006148

RESUBMIT
Please give original
submission date as file date.

We have received your document for CALTOPIA I, 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 L24000528543.

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: 425A00000962

2025 JAN 24 AM 11:26

RECEIVED



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 #: 1762521-1
Re: Caltopia I, 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: \$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

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "Please take the following action:" section.

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 I, 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

305

275-9177

at (_____) _____

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 I, 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 33-2773376
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3121 Ponce de Leon Blvd.
(Street Address of Principal Office) (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 32301
(City) (Zip code)
Florida

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)

APPROVED
AND
FILED
2025 JAN 13 AM 10:50
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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 signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALTOPIA I, 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 I, 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.



10055866 8300

SR# 20250093746

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: 202667061

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 I, LLC (the "Company") under document #L24000528543. 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 I, LLC, under reference No.: W25000006150.

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

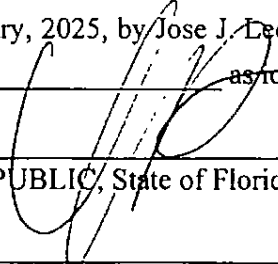
6. This Affidavit is given as an inducement for the Florida Department of State, Division of Corporations, to accept the filing of an authorization to do business in Florida by Caltopia I, LLC, a Delaware limited liability company.

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 17th 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:

