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JAN 25 2025
K. Brumley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/24/2025

Acc#120160000072

en: c DW

Name:	MDDA Cassi Holdings, LLC
Document #:	
Order #:	16106500

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Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDDA CASSI HOLDINGS, 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:

Alicia Alonso

Name of Person

DACRA

Firm/Company

3841 NE 2nd Avenue, Suite 400

Address

Miami, Florida 33137

City/State and Zip Code

alicia@dacra.com

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

For further information concerning this matter, please call:

Alicia Alonso

305

531-8700

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. MDDA CASSI HOLDINGS, 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 3. 33-2976367
(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. 3841 NE 2nd Avenue 6. 3841 NE 2nd Avenue
(Street Address of Principal Office) (Mailing Address)
Suite 400 Suite 400
Miami, Florida 33137 Miami, Florida 33137

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road,
Plantation, Florida 33324
(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.

Sandra Zwiack

Sandra Zwiack, Assistant Secretary

(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name:	<u>Miami Design District Associates</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>MANAGER, LLC</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>3841 NE 2nd Avenue</u>		<input type="checkbox"/> Authorized		_____	
<input type="checkbox"/> Person		<u>Suite 400</u>		<input type="checkbox"/> Person		_____	
<input type="checkbox"/> Other		<u>Miami, Florida 33137</u>		<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Other		_____		<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Manager	Name:	<u>Alex Schapiro</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>3841 NE 2nd Avenue</u>		<input type="checkbox"/> Member	Address:	_____	
<input checked="" type="checkbox"/> Authorized		<u>Suite 400</u>		<input type="checkbox"/> Authorized		_____	
<input type="checkbox"/> Person		<u>Miami, Florida 33137</u>		<input type="checkbox"/> Person		_____	
<input checked="" type="checkbox"/> Other	<u>VP of Manager</u>	_____		<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Other		_____		<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Manager	Name:	<u>Steven Gretenstein</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>3841 NE 2nd Avenue</u>		<input type="checkbox"/> Member	Address:	_____	
<input checked="" type="checkbox"/> Authorized		<u>Suite 400</u>		<input type="checkbox"/> Authorized		_____	
<input type="checkbox"/> Person		<u>Miami, Florida 33137</u>		<input type="checkbox"/> Person		_____	
<input checked="" type="checkbox"/> Other	<u>VP of Manager</u>	_____		<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.


Signature of an authorized person

Alex Schapiro

Typed or printed name of signer

Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDDA CASSI HOLDINGS, 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 JANUARY, A.D. 2025.

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



A handwritten signature in black ink, appearing to read "Kristopher E. Knight", is written over a horizontal line.

Kristopher E. Knight, Acting Secretary of State

Authentication: 202747515

Date: 01-22-25

10073229 8300

SR# 20250207678

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