

Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

FILED Secretary of State State of California

202017710314

IUN 17 2020

W

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

IMPORTANT - Read Instructions before completing this form.

government agency where the LLC was formed. See Instructions.

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

Must be submitted with a current Certificate of Good Standing issued by the

This Space For Office Use Only

LLC Name (Enter the exact name of the LLC as listed on your att	1 10 10 1 10 10 10
ig. LLV light the fine exact name of the LLC as listed on your att	ched ('entiticate of Cood Standing')
	actied definitione of Good Standing.

Mirabaud RE District 237, LLC

1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)

b. Jurisdiction (State, foreign country or place where this LLC is formed.)

100

5 / 19 / 2020

Delaware

c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1111 Brickell Avenue, Suite 2175	Miami	FL	33131
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than Item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State Zip Co	de
			CA	

CORPORATION - Complete Item 4c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b

C T Corporation System

5. Read and Sign Below (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

on behalf of the foreign LLG

Alexandra Caldwell

Type or Print Name

Signature



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

DELAWARE, DO HEREBY CERTIFY "MIRABAUD RE DISTRICT 237, 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 SEVENTEENTH DAY OF JUNE, A.D. 2020.

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

Authentication: 203124613

Date: 06-17-20

202017710314