Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000395988 3)))



H200003959883ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

## Foreign Limited Liability Company Reserve DLO JV LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 11/16/2020

Electronic Filing Menu

Corporate Filing Menu

Help



850-617-6381

11/17/2020 9:57:45 AM PAGE 1/001 Fax Server

November 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: RESERVE DLO JV LLC

REF: W20000131677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The feid# submitted is short by 2 digits. The feid# is 9 digits only.

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.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H20000395988 Letter Number: 420A00023048

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, T	THE FOLLOWING	IS SURMITTED	TO REGISTER A F	ORFIGY.	LIMITED DARILIȚY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		••			
COMPANIA TO MANDACI DOMINESSI IN THE SIMILE OF TENNION.	•		•	٠,	•

• •	united ciferent constants o	nust include "l	Lanited Liabs	ity Company,	<u> </u>	r"LLC.")	•	·	
						. `	•		
	· · · · · · · · · · · · · · · · · · ·		· · ·	<u> </u>					<b>~</b>
ame unavailable, enter alternate na	me adopted for the purpose of tr	sucreting prizate	is Flonds. T :	le alternae nata	e must include	Limited Liabil	lity (Company,","	لللار» تعالر دم	(;*)
)elaware					,		1 K	262	
		<del></del>	<del> </del>	3. <u> </u>		(I [] number.	i molicable)		
(Junisdiction under the law of wha	th tracign bonics applied cons	rately in organized	ם,			. (* 12. 11411-0-2)	7.5	100	_
				•	•		j.::\	· `	:
November 18, 2020 *							7 Jan	اص	į
	(Date tirst transacted busines (See sections 605,0904 & 6	ss in Florida if	nior to registra	hoa.)	, ,	•		701	: '
•	(200 Rections contoace or a		THE PART OF THE				71.	<b>=</b>	
410 Monmouth Avenue	• • • •			410 Mor	imouth Av	renue ·	ر سبب دراست	<b>.</b>	
eet Address of Principal Office)	<del></del> _	<del></del>		) (Mail	(zeatbbA su	<del></del>		ن ک	•
				· . `				(r   10	
Lakewood, New Jersey,	08701	•		Lakewoo	M, New Je	rsey 08701			-
		• •				<del></del>		;	
•				`. <u>.</u>		<u></u>		<del></del>	
Name and street address	s of Florida registered a	agent: (P <sub>.</sub> O	Box <u>NO</u>	<u>r</u> acc <b>e</b> ptabl	t) .			· , · ·	
Name and <u>street address</u>			). Box <u>NO</u>	<u>r</u> acc <b>e</b> ptabl	t)				•
Name and <u>street address</u> Name:	of Florida registered a		). Box <u>NO</u>	<u>T</u> acc <del>e</del> ptabl	t)				
Name:		PLIC		<u>r</u> acceptabl	t)				
	Salvatori Law Office,	PLIC		Lacceptabl					
Name:	Salvatori Law Office,	PLIC			3-	1103			
Name:	Salvatori Law Office, 5150 Tamiami Trail N	PLLC North, Suite				N103			
Name:	Salvatori Law Office, 5150 Tamiami Trail N	PLIC			3-				
Name: Office Address:	Saivatori Law Office, 5150 Tamiami Trail N Naples	PLLC North, Suite	304		3- Florida	(Zip code)			
Name: Office Address:	Saivatori Law Office, 5150 Tamiami Trail N Naples	PLLC North, Suite	304	ss for the a	3- Florida bove state	(Zip code)  d limited lie	ability comp	ony at the	pla
Name: Office Address: gistered agent's accept wing been named as reg	Saivatori Law Office, 5150 Tamiami Trail N Naples  tance: gistered agent and to a	PLLC North, Suite (Cry)	304	ss for the a	3- Florida bove state	(Zip code)  d limited lie ee to act in	THIS CAPACI	ry, 'i jurine	er u,
Name: Office Address: gistered agent's accept wing been named as reg signated in this applicat comply with the provision	Salvatori Law Office, 5150 Tamiami Trail N Naples  tance: gistered agent and to a tion, I hereby accept th	PLLC North, Suite (Cry) ccept service appointmive to the p	304 ce of proce tent aspeg proper and	ss for the a	3- Florida bove state	(Zip code)  d limited lie ee to act in	THIS CAPACI	ry, 'i jurine	er u,
Name: Office Address: gistered agent's accept wing been named as reg	Salvatori Law Office, 5150 Tamiami Trail N Naples  tance: gistered agent and to a tion, I hereby accept th	PLLC North, Suite (Cry) ccept service appointmive to the p	304 ce of proce tent aspeg proper and	ss for the a	3- Florida bove state	(Zip code)  d limited lie ee to act in	THIS CAPACI	ry, 'i jurine	er u
Name: Office Address: gistered agent's accept wing been named as reg signated in this applicat comply with the provision	Salvatori Law Office, 5150 Tamiami Trail N Naples  tance: gistered agent and to a tion, I hereby accept th	PLLC North, Suite (Cry) ccept service appointmive to the p	304 ce of proce tent aspeg proper and	ss for the a	3- Florida bove state	(Zip code)  d limited lie ee to act in	THIS CAPACI	ry, 'i jurine	r uj

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]:

Address:	Title or Capacity:	Nume and Address:	٠.	Title or Capacity	i.	Name and Address:
Member	■ Manager	Name: Reserve DLO Partners, LLC		□Manager	Name:	
Dauthorized   Lakewood, New Jersey 08701   Dauthorized		Address:	· '	∐Member	Address:	
Person         Person           □Other         □Other         □Other           □Manager         Name:         □Manager           □Member         Address:         □Member           □Authorized         □Authorized         □Authorized           Person         □Other         □Other           □Manager         Name:         □Manager           □Member         Address:         □Member           □Authorized         □Authorized           Person         □Other         □Other		Lakewood, New Jersey 08701		□Authorized		
□Manager Name:   □Manager Name:   □Member Address:   □Member Address:   □Member   □				Person	· · · · · · · · · · · · · · · · · · ·	
□Manager         Name:         ∃         <	□Other	□Other		□ Other	· 	Other S
□Manager       Name:       □Member       Address:       □Member       Address:       □Member       Address:       □Member       Address:       □Member       Address:       □Member       □Member </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
□ Member Address:   □ Authorized □ Authorized   Person □ Other   □ Other □ Other   □ Manager Name:   □ Member Address:   □ Authorized □ Authorized   Person □ Other	□Manager ·	Name:		□Manager	Name:	
Authorized   Person	□Member	Address:	· - ` . '	□Member	Address:	- · · · · ·
Person    Person   Pe	□Authorized		•	□Authorized	·	
□ Other □ Other □ Other □ Other □ Other □ Name: □ Manager □ Name: □ Member □ Address: □ □ Member □ Address: □ □ Authorized □ □ Authorized □ Person □ □ Other	Person		· . ·	Person	<del></del>	
□ Member Address: □ Member Address: □ Authorized □ Authorized □ Person □ Other □ □ Ot	□Other	Other	_	[]Other	<del></del> . `	. Dther
□ Member   Address:   □ Member   Address:   □ Authorized   □ Authorized   □ Person   □ Other			.•			
Person Person Other Other	□Manager	Name:		□Manager	Name:	
Person Person Other Other	□Member	Address:	· :	□Member	Address:	
Person Person Other	□Authorized		_ :	· Authorized -	· · · · · · · · · · · · · · · · · · ·	
Other Other			<u>.</u>	Person		
		□ Other	-	Other	· · · ·	☐ 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 outh 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

Leo J. Salvatori

Typed or printed nume of signor

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESERVE DLO JV, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

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

3879083 8300

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

Authentication: 204088523

Date: 11-16-20