

M1600000797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

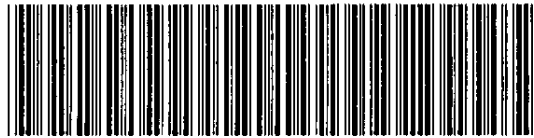
(Business Entity Name)

(Document Number)

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

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RECEIVED  
OFFICE OF STATE  
16 JAN 29 AM 11:33  
NOTIFICATION  
TO AGENT/DULDER  
SUFFICIENCY OF FILING

FILED  
2016 JAN 29 A 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 0 1 2016

S MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 976302 7837524

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 125.00

ORDER DATE : January 28, 2016

ORDER TIME : 8:36 AM

ORDER NO. : 976302-005

CUSTOMER NO: 7837524

FOREIGN FILINGS

NAME: EEFC 2400 NMA OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: EEFC 2400 NMA OWNER, 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:

MARC GITTO  
Name of Person

EAST END CAPITAL PARTNERS, LLC  
Firm/Company

600 MADISON AVE, 11<sup>th</sup> FLOOR  
Address

NEW YORK, NY 10022  
City/State and Zip Code

MGITTO@EASTENDCAP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK SCHRIEBER at ( 917 ) 281-0345  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. EEFC 2400 HMA OWNER, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELAWARE 3. \_\_\_\_\_  
(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. 600 MADISON AVE, 11<sup>th</sup> FL, NEW YORK, NY 10022  
(Street Address of Principal Office)

6. 600 MADISON AVE, 11<sup>th</sup> FL, NEW YORK, NY 10022  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

- JONATHAN YORLANK, AR, 600 MADISON AVE, 11<sup>th</sup> FL, NEW YORK, NY 10022
- DAVID PERETZ, AR, 600 MADISON AVE, 11<sup>th</sup> FL, NEW YORK, NY 10022
- MARC GITTO, AUTHORIZED REPRESENTATIVE, 600 MADISON AVE, 11<sup>th</sup> FL, NEW YORK NY 10022

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

[Signature]  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation, under penalties of perjury that the facts stated herein are true. 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. 817.1 F.S.)

MARC GITTO, AUTHORIZED REPRESENTATIVE  
Typed or printed name of signee

2018 MAR 29 A 8:54  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

EEFL 2400 NMA ORDER, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

\_\_\_\_\_  
(Name)

1201 Hays Street

\_\_\_\_\_  
Florida Street Address (P.O. Box NOT ACCEPTABLE!)

Tallahassee

\_\_\_\_\_  
FL 32301  
City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

Corporation Service Company

By:   
(Signature)

**Courtney Williams  
Asst. Vice President**

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

FILED  
2016 JAN 29 A 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EEFC 2400 NMA OWNER, 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-EIGHTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EEFC 2400 NMA OWNER, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5490883 8300

SR# 20160462003

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 in a small font.

Authentication: 201745775

Date: 01-28-16