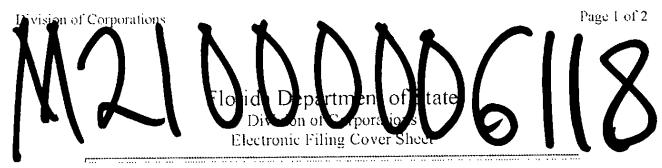
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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : BILZIN SUMBERG BAENA PRICE & AMELROET

Account Number : 075350000132 Phone : (305)374-7580

Fax Number : (305)351-2122

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

vva@bilzin.com

CEmail Address:__

Foreign Limited Liability Company 4200 CYPRESS OWNER II LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

MAY 20 2021

M. SOLOMON

Help

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

IN COMPLIANCE WITH SECTION (05.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 4200 CYPRESS OWNI	ER H LLC Limited Liability Company, must include "Limite	d Liability C	ompany, "L.I. C.," or "LLC";	
	ime adopted for the purpose of transiciting bissiness in Fig			one of the second of the
(frame umvadable, ester alternate sa	ime adopted for the purpose of transicting bisiness in Fig.	aida. The alter	interante must include "Elimited Etabutty Company,	time, or time, y
Delaware 2. (Airisalition tirder the tisk of which to reign tunited habitity company is organized)			(9Ei rumber, if app.icable	
(Airisalation under the law of wh	nich toreign tunited habitity company is organized)		(. 2 a	,
4.				
*·	(Date first transacted bilainess in Florida, if prior to (See sections 605,0904 & 803,0905, F.S. to determ	registration.	o,lay)	
5. (Street Asturess of Priza-pail Office)		6.	/o FBE Limited LLC	
		· · ·	(Mailing Address)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
One State Street, 32nd Floor		(One State Street, 32nd Floor	N 19 Z
New York, NY 10004		}	Sew York, NY 10004	19 255 255 255 255 255 255 255 255 255 25
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)	F STATE
Name.	NRAI Services, Inc.			
Office Address	1200 South Pine Island Road			
	Plantation (C.e.)		33324 , 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.

4/005

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8. For initial indexing purposes,	list names, title or capacity	and addresses of the primary	members/managers or p	persons authorized to
manage [up to six (6) total]:				

Fitle or Capacity:	Name and Address:	Title or Capacity:		
Manager	Name. Marble Hall Company, L.P.	Manager Manager	Name: Abraham Fruchthandler	
Member	Address:	Member	Address: c/o FBE Limited LLC	
Authorized	One State Street, 32nd Floor	Authorized	One State Street, 32nd Floor	
Person	New York, NY 10004	Person	New York, NY 10004	
Other	Other	Other	Other	
Manager	Name:	Manager	Name:	_
☐Member	Address:	Member	Address:	-
Authorized		Authorized	3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	_ ":"
Person		Person	- SS	- f
Other	Other	Other	Other Top 2	_ [7
			FILE ORIB	
∏Manager	Name:	Manager Manager	Name:	_
Member	Address:	☐ Member	Address:	_
Authorized		Authorized		_
Person		Person		_
Other	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 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.

/s/Neil	Simon		
		Signature of an authorized person	
Neil Simon			
		Typed or printed name of squire	

Delaware The First State

Page 1

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4200 CYPRESS OWNER II 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 ELEVENTH DAY OF MAY, A.D. 2021.

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

Authentication: 203171769

Date: 05-11-21