M21000006378

| (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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Office Use Only



· 25 202

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NO. | : | I20000000195 |
|---------|-----|---|--------------|

REFERENCE : 828178 4321791

AUTHORIZATION: Could be on B.

COST LIMIT : \$\sqrt{j}^25.00

ORDER DATE : May 24, 2021

ORDER TIME : 8:50 AM

ORDER NO. : 828178-005

CUSTOMER NO: 4321791

FOREIGN FILINGS

NAME: 515 FERN OWNER LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

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

IN COMPILANCE WITH SECTION 05:000, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Ţ | Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC") | |
|-----------------------------------|---|---|--------------------------|
| ume musarlable, enter alternate (| cane adopted for the purpose of transacting business in Ele- | orsda. The alternate name must include "Limited Liability Comps | siny ""E.L.C." or "ITC." |
| Delaware | | PENDING | |
| Characterium ander the law of w | high foreign functed haliday company is organized i | 3. (El: number, if applicab | ble) |
| | | | |
| - | (Date first transacted business in Florida, if prior to r (See sections 905 09)(4 & 905 090); F.S. to determin | epistration) ne penalty hability) | |
| 30 Hudson Yards, 72nd Floor | | 30 Hudson Yards, 72nd Floor | |
| et Address of Principal (Hike) | | 6. (Mailing Address) | |
| New York, NY 10001 | ı | New York, NY 10001 | |
| Name and <u>street addres</u> | of Florida registered agent: (P.O. Box Corporation Service Company | NOT acceptable) | AY 25 / |
| Name: | | | |
| Name: Office Address: | 1201 Hays Street | | 7:6 |
| | | 32301 , Florida | 9: 43 |
| | 1201 Hays Street | | ¹ 9:43 |

8. For initial indexing nurposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

| itle or Capacity: | Name and Address: | Title or Capacit | <u>v:</u> | Name and Address |
|-------------------|-------------------------|------------------|------------|------------------|
| Manager | Name: 515 Fern Mezz LLC | □Manager | Name: | |
| Member | Address:Address | □Member | Address: _ | |
| Authorized | New York, NY 10001 | □Authorized | | |
| Person | | Person | | |
| Other | Other | □Other | | □Other |
|]Manager | Name: | □Manager | Name: | |
|]Member | Address: | □Member | Address: | · |
| lAuthorized | | □Authorized | | |
| Person | | Person | | |
|]Other | □Other | Other | | □Other |
| Manager | Name: | □Manager | Name: | |
| Member | Address: | □Member | Address: _ | |
| Authorized | | □Authorized | | |
| Person | | Person | | |
| Other | | Other | <u>-</u> | □Other |

- 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.

| Mind o Tal |
|-----------------------------------|
| Signature of an authorized person |
| Richard O'Toole |
| Typed (a printed name of signer |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "515 FERN 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-FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "515 FERN OWNER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2021.

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

Authentication: 203279364

Date: 05-24-21

5939791 8300 SR# 20212036268