## 1/210000/5702

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
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Office Use Only



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NECENTED
2021 NOV 22 PM 3: 46
ALLAHASSEL EI

K. SALY NOV 2 3 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 260921 8354467
AUTHORIZATION Spelle le man
COST LIMIT : 125.00
ORDER DATE: November 22, 2021
ORDER TIME : 2:36 PM
ORDER NO. : 260921-050
CUSTOMER NO: 8354467
FOREIGN FILINGS
NAME: 18740 NW 27TH AVENUE (FL) 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#

EXAMINER:

## **COVER LETTER**

SUBJEC	18740 NW 27th Avenue (FL	) Owner LLC				
SOBJEC		Name of Limited Liability Company				
The enclo Existence	osed "Application by Foreign Limite e, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida," Certificate or the above referenced foreign limited liability company to transact business in Florida				
Please re	turn all correspondence concerning t	this matter to the following:				
		Name of Person				
	<del></del>	Firm/Company				
		Address				
		City/State and Zip Code				
		dress: (to be used for future annual report notification)				
ror lumne	er information concerning this matte					
-	Name of Contact Pe	at () erson Area Code Daytime Telephone Number				
i I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
ŀ	□ \$125.00 Filing Fee □ \$130.0	g amount:  RIDA DEPARTMENT OF STATE  0 Filing Fee &   S155.00 Filing Fee &   S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy				

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1 18740 NW 27th Ave	nue (FL) Owner LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "LLC,")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in I	Florida. The a	Iternate name must include "Limited Liah	ility Company," "L.L.C," or	_ 'LLC,")
Delaware		3.			•
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number,	(l'applicable)	_
Upon registration 4.					
T	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration. nine penalty l	ability)	<del></del> -	
233 S. Wacker Drive	e, Suite 4700		233 S. Wacker Drive, Suite	4700	
(Street Address of Principal Office)		6	(Mailing Address)		-
Chicago, IL 60606		1	Chicago, IL 60606		
		-		726	- 
		_			71
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> ac	ceptable)	122	
			•	7. COS	- 1 1 
Name:	Corporation Service Company			PN 2: II	
Office Address:	1201 Hays Street		<del></del>	REC C	3
	Tallahassee		32301 Florida		
	(City)		(Zip code)	_	
tesignated in this applicat to comply with the provision	tance: gistered agent and to accept service of partion, I hereby accept the appointment as one of all statutes relative to the proper of any position as registered agent.  Corporation Service Company  By: Welker assistered agent's:	s register and com istan र ४८	ed agent and agree to act in t plete performance of my duti	his conacity I first	1 (1 P (1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: William J. Stein Tyler Henritze □Manager Name: \_\_\_ □Manager Name: Address: 345 Park Avenue 345 Park Avenue □ Member □Member Address: New York, NY 10154 New York, NY 10154 ■Authorized ■ Authorized Person Person □Other\_\_\_ □Other □Other\_\_ Other\_\_\_\_ Name: Brian Kim □Manager □Manager Name: 345 Park Avenue □Member □Member New York, NY 10154 ■Authorized □ Authorized Person Person □Other □Other\_\_\_\_\_ □Other\_\_ □Other □Manager Name: □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. Nonindexed 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. Deardre Cuehus Signature of an authorized person Deondra Cephus

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "18740 NW 27TH AVENUE (FL) 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-SECOND DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "18740 NW 27TH

AVENUE (FL) OWNER LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER,

A.D. 2021.

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

FILED 2021 NOV 22 PH 2: 10 25 CKSTASSES FLORID



Authentication: 204757715

Date: 11-22-21