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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:	03-12-20	
NAME:	2000 BISCAYNE LEASEHOLD LLC	
TYPE OF FI	LING: APPLICATION FOR AUTHORITY	
COST:	155.00	2
RETURN:	CERTIFIED COPY PLEASE	
	T: FCA000000015 ATION: ABBIE/PAUL HODGE	2
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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:

(Name of Foreig	gn Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "	LC.")
ame unavailable, enter alterna	te name adopted for the purpose of transacting business in F	orida. The alternate name must include "Li	mited Liability Company 7 1 1 C 7 or
Delaware			
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	El number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration.)	
666 FIFTH AVE 15 FL			_
Address of Principal Office)		666 FIFTH AVE 15 F. 6. (Mailing Address)	L
VEW YORK, NY 101	103	NEW YORK, NY 101	03
			20237.
ame and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	NRAI SERVICES, INC.		, i
Office Address:	1200 SOUTH PINE ISLAND ROAD		9
	PLANTATION	33324 , Florida	
	(City)	, PTOTIGA(Zip coc	

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.

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

Title or Capacity:		Title or Capacity	<u>.</u>	Name and Address
□Manager	Name: Laurent Morali	☐Manager	Name:	
□Member	Address: 666 FIFTH AVE 15 FL			
Authorized	NEW YORK, NY 10103			
Person		Person		
Other	Other	Other		□Other
□Маладег	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member		
□Authorized				
Person		Person		
□Other		Other		□Other
⊒Мападег	Name:	_	Name:	
OMember ,	Address:	□Member	Address:	<u>ب</u>
Authorized		_		25
Person		Person		
Other	Other	□ Other		□Other
Attached is a certific	an attachment to report more than six (6 ay be added to the index when filing you cate of existence, no more than 90 days of aw of which it is organized. (If the certifice submitted)	or Florida Department of State A	Annual Repo	rt form.

LAURENT MORALI
Typed or printed name of signed

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2000 BISCAYNE LEASEHOLD 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 TENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2000 BISCAYNE LEASEHOLD LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2020.

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





Authentication: 202554272

Date: 03-10-20