

5/11/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

(((H20000139139 3)))



H200001391393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

FILED
2020 MAY 11 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

Foreign Limited Liability Company
ALPHA Z MIAMI RETAIL 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
2020 MAY 11 PM 4:50

Electronic Filing Menu

Corporate Filing Menu

Help

H20000139139 3**COVER LETTER****TO: Registration Section
Division of Corporations****SUBJECT: ALPHIA Z MIAMI RETAIL 2, 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.

George L. Childs

Name of Person

Zurich Alternative Asset Management

Firm/Company

4 WTC, 150 Greenwich Street, 52nd Floor

Address

New York, NY 10007

City/State and Zip Code

george.childs@zurich.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

George L. Childs

212

871-1578

at (_____) _____

Name of Contact Person_____
Area Code_____
Daytime Telephone Number**Mailing Address:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

H20000139139 3

H20000139139 3

**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. ALPHA Z MIAMI RETAIL 2, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FIC 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. Four World Trade Center

(Street Address of Principal Office)

150 Greenwich Street, 52nd Floor

New York, NY 10007

6. Four World Trade Center

(Mailing Address)

150 Greenwich Street, 52nd Floor

New York, NY 10007

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name. _____

Corporation Service Company

Office Address. _____

1201 Hays Street

Tallahassee

(City)

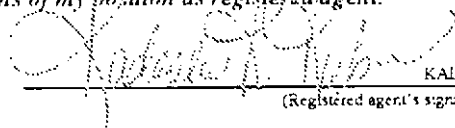
Florida

32301

(Zip code)

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.



KADESHA ROBERSON, ASST. VICE PRESIDENT

(Registered agent's signature)

H20000139139 3

H20000139139 3

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:**

☐ Manager Name: ALPHA Z USRE REIT, LLC

☒ Member Address: 4 WTC 150 Greenwich St.

☐ Authorized New York, NY 10007

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: George L. Childs

☐ Member Address: 4 WTC 150 Greenwich St.

☒ Authorized New York, NY 10007

Person _____

☒ Other Vice President ☒ Other Secretary

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Sean Bannon

☐ Member Address: 4 WTC 150 Greenwich St.

☒ Authorized New York, NY 10007

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

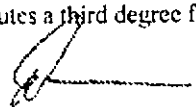
Person _____

☐ 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.


Signature of an authorized person

George L. Childs, Vice President/Secretary

Typed or printed name of signer

H20000139139 3

H20000139139 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPHA Z MIAMI RETAIL 2, 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. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPHA Z MIAMI RETAIL 2, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2020.

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

FILED
2020 MAY 11 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7915088 8300

SR# 20203715891

You may verify this certificate online at 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: 202910041

Date: 05-11-20

H20000139139 3