Division of Corporations 11/13/2020

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> > (((H20000393307 3)))



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Account Number : I20060000021 Phone : (561)833-9800 Fax Number : (561)655-5551

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Foreign Limited Liability Company 2407 NW 2ND AVENUE, LLC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name anavailable, enter alternate o	aine adopted for the purpose of transacting business in Fforida	The alternate	name must melude "Limited Liabi	hty Company," "L. I. U.	," or "LLC
DELAWARE		3		- 22	•
Durisdiction index the law of w	high foreign limited liability company is organized)	۵. ــــــــــــــــــــــــــــــــــــ	(FEI number,	ul applicable lo	· · ·
UPON QUALIFICATI	10N			- ω	•
	(Date first transacted husiness in Florida, if prior to registr (See sections 602,090) & 605,0905; F.S. to determine per	ration) unity liability)	PH PH	
1441 BRICKELL AVE			BRICKELL AVENUE	PH H: HO	
eet Address of Principal Office)			Mailing Address)	<u> </u>	·
SUITE 1510		SUIT	E 1510		
MIAMI, FLORIDA 33131		MIAMI, FLORIDA 33131			
Name and street address	ss of Florida registered agent: (P.O. Box) <u>NC</u>	<u>)T</u> accept	able)		
Name:	LOWELL D. PLOTKIN, ESQ.				
Office Address:	1441 BRICKELL AVENUE, SUITE 1510		_		
	MIAMI (Cny)		, Florida		
(Cuy)			(Zip code)		

(Registered agent's signature)

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8. For initial indexing pur manage [up to six (6) total	poses, list names, title or capacity and :	l addresses of the primary members	/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
	DVC CDUVDDOOV		

THE OF CAPACITY	, viting mile in teast cost	***************************************	
□Manager	Name: PMG-GREYBROOK	□Manager	Name:
■Member	Address: WYNWOOD RESIDENTIAL	□ Member	Address:
□Authorized	REIT, INC.	Authorized	
Person	1441 BRICKELL AVE., SUITE 1510	Person	
□Other	□Other_33131	_Other	Other
			Name:
□Manager	Name:	□Manager	Name: 5
□Member	Address:	□Member	Address: $\frac{1}{12}$ $\frac{1}{12}$
□Authorized		☐ Authorized	· · · · · · · · · · · · · · · · · · ·
Person		Person	
□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.

	·	-A	
	-	Signature of an authorized person	
(((H20000393307 3)))	Ryan Shear		
		To meet an arisated system of courses	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2407 NW 2ND AVENUE, 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 NOVEMBER, A.D. 2020.

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4105568 8300 SR# 20208312697

Date: 11-10-20

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