

8/19/2020

B200000160

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

**FLORIDA/FOREIGN LP/LLLP
PBMHL NEW YORK THREE LP**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$1,052.50

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA
PBMHL NEW YORK THREE LP**

1. _____
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE 3. FEBRUARY 24, 2016
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: APPLIED FOR

5. Name of Registered Agent for Service of Process and Florida Street Address:

DIVERSIFIED CORPORATE SERVICES INT'L, INC.

18560 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160 US

6. 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.

/s/ JERRY JOSEPH

Signature of Registered Agent
JERRY JOSEPH, PRESIDENT

7. Principal Office:

463 7TH AVENUE, SUITE 1301

NEW YORK, NY 10018

8. Mailing Address:

SAME

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: LGS TURKEL GP, INC.

Name of General Partner: _____

Street Address: 463 7TH AVENUE, SUITE 1301

Street Address: _____

NEW YORK, NY 10018

Mailing Address: SAME

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 12TH day of AUGUST, 20 20

PBMHL NEW YORK THREE LP

BY: LGS TURKEL GP, INC., ITS GENERAL PARTNER

BY: /s/ MARTIN LIEBERMAN
MARTIN LIEBERMAN
PRESIDENT

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PBMHL NEW YORK THREE LP" 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 TWELFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PBMHL NEW YORK THREE LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016.

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



5972135 8300

SR# 20206712857

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: 203456688

Date: 08-12-20

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