

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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11/16/2021

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### FOREIGN PROFIT/NONPROFIT CORPORATION

Douglas Elliman Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

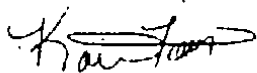
1. DOUGLAS ELLIMAN INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 87-2176850  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 13, 2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. AUGUST 13, 2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4400 BISCAYNE BLVD., 10TH FL., MIAMI, FL 33137  
(Principal office street address)  
4400 BISCAYNE BLVD., 10TH FL., MIAMI, FL 33137  
(Current mailing address, if different)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

## 9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



C T CORPORATION SYSTEM by Kaity Toon, Asst. Sect.

(Registered agent's signature)

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**

☐ Chairman Name: HOWARD M. LORBER  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☐ Director \_\_\_\_\_  
☒ President PRESIDENT  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: J. BRYANT KIRKLAND III  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President Senior Vice President  
☐ Secretary ☐ Treasurer  
☒ Other Chief Financial Officer ☒ Other Assistant Secretary

☐ Chairman Name: MICHAEL S. LIEBOWITZ  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: RICHARD J. LAMPEN  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President Executive Vice President  
☐ Secretary ☐ Treasurer  
☒ Other Chief Operating Officer ☐ Other \_\_\_\_\_

☐ Chairman Name: MARC N. BELL  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President Senior Vice President  
☒ Secretary ☐ Treasurer  
☒ Other General Counsel ☐ Other \_\_\_\_\_

☐ Chairman Name: WILSON WHITE  
4400 Biscayne Blvd., 10 FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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.~~

~~12. \_\_\_\_\_  
 Signature of Director or Officer~~

~~The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.~~

~~13. \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)~~

**A. DIRECTORS**

☐ Chairman Name: RON KRAMER  
 4400 Biscayne Blvd., 10th FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: LYNN MESTEL  
 4400 Biscayne Blvd., 10th FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: MARK ZEITCHIK  
 4400 Biscayne Blvd., 10th FL.  
☐ Vice Chairman Address: Miami, FL 33137  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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13. MARC N. BELL - SENIOR VICE PRESIDENT, SECRETARY AND GENERAL COUNSEL  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOUGLAS ELLIMAN INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6167034 8300

SR# 20213812041

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204704284

Date: 11-16-21