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(Address)					
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(CII	ly/State/Zip/Filot/	€ #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)	}			
Certified Copies	_ Certificate:	s of Status			
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A

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 261600 4302517					
AUTHORIZATION Squelli ble ran					
COST LIMIT : \$ 70.00					
ORDER DATE : December 19, 2022					
ORDER TIME : 9:36 AM					
ORDER NO. : 261600-015					
CUSTOMER NO: 4302517					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
FOREIGN FILINGS					
NAME: NORTH BAY OPCO I, INC.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

_	ion of Corporations					
SUBJECT:	NORTH BAY OPCO I, INC.					
oom, cor.	Name of corporation - must include suffix					
Dear Sir or M	adam:					
"Certificate of		Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.			
Please return a	all correspondence concerning	this matter	to the following:			
Niko Orfanede	s					
		Name of	Person			
Pillsbury Wintl	hrop Shaw Pittman LLP					
		Firm/Com	pany			
31 West 52nd 5	Street					
		Addre	ss			
New York, NY	10019					
	(	City/State ar	nd Zip code			
niko.orfanedesi	@pillsburylaw.com					
	E-mail address: (	to be used f	or future annual report notification)			
For further inf	ormation concerning this matt	er, please c	all:			
Niko Orfanedes		(212	_) 858.1338			
Name	e of Person	Area Code				
Regist Divisi The C 2415 l	cet/courier address: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 tassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amounted payable to: FLORIDA DEPARTED FROM The From	ARTMENT Fee & $\Box$	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy			

# 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.	North Bay Opco	I, Inc.						
		orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	D," "CC	MPANY," "CORPORATION,	••			•
(1	f name unavaila	ible in Florida, enter alternate corporate nam	ne adopte	ed for the purpose of transacting	busine	ess in F	lorida)	-
2. I	Delaware	,	3					
<u> </u>	State or country	under the law of which it is incorporated)	incorporated) (FEI number, if applicable)				•	
4.	November 9, 20	22	5					
٠	(Date of incorporation)			5(Date of duration, if other than perpetual)				
6.								
7. <u>60</u>	0 Brickell Ave,	(SEE SECTIONS 607.1501 & 607. Suite 3100, Miami, FL 33131 (Principal o	office <u>str</u>	eet address)	) ***	'n	2822 DEC	-
		(Current mail	ling addı	ress. if different)		,	20	=
8. N	ame and stree	t address of Florida registered agent: (P	P.O. Box	: <u>NOT</u> acceptable)		•	PH	i-
	Name:	Corporation Service Company				 O: -	2	
Offic	ce Address:	1201 Hays Street					-ω	
		Tallahassee		. Florida 32301				
		(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.

Corporation Service Company

By: Use Villa Assistant va provident

(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.

#### DocuSign Envelope ID: DDE531C2-88EE-4CC5-A7EF-CACBFFD14757

#### A. DIRECTORS

<b>■</b> Chairman	Jon Oringer Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Suite 3100	□Director				
□President	Miami, FL 33131	□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President	<del></del>	□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	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 and ended 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. Jon Oringer, Chief Executive Officer



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

DELAWARE, DO HEREBY CERTIFY "NORTH BAY OPCO I, 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 NINETEENTH DAY OF DECEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH BAY OPCO I, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 205133361

Date: 12-19-22

## **COVER LETTER**

TO:	Registration Section Division of Corporation	ns			
SUBJ	FCT: NORTH BAY O	PCO I, INC.			
30130		Name of corporation	on - must inc	clude suffix	
Dear S	ir or Madam:				
"Certif	iclosed "Application by ficate of Existence," or referenced foreign corporation	Certificate of Good Sta	anding" and	check are sub	
Please	return all corresponden	ce concerning this matt	er to the foll	lowing:	
Niko C	Orfanedes				
		Name o	f Person	<del></del>	
Pillsbu	ry Winthrop Shaw Pittmar	LLP			
		Firm/Co	mpany		
31 We	st 52nd Street				
		Add	lress		
New Y	ork, NY 10019				
	•	City/State	and Zip coc	le	
niko.or	fanedes@pillsburylaw.cor				
	E-n	ail address: (to be used	for future a	innual report i	notification)
For fur	ther information concer	ning this matter, please	call:		
Niko C	Orfanedes	at ( 212	858.13	38	
	Name of Person	Area Co	de E	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r		ORIDA DEPARTMEN	T OF STAT □ \$78.75 F Certified	iling Fee &	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy