

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.

(((H130001922043)))



H130001922043ABCW

| To: Division of Corporations Fax Number : (850)617-6383 | | Doing so will generate another cover sheet. | 2 (∧_ |
|--|-------|---|--------------------|
| Division of Corporations Fax Number : (850)617-6383 | | | (5) (5) (5) (5) |
| Division of Corporations Fax Number : (850)617-6383 | To | • | A |
| From: | -0. | Division of Corporations | 要は |
| From: | | Fax Number : (850)617-6383 | ARY SSE |
| | Prom: | | மு |
| Account Number : FCA000000023 | | Account Name ; C T CORPORATION SYSTEM | 70 |
| | | Account Number : FCA000000023 | STA Lor |
| Phone : (850)222-1092 | | Phone : (850)222-1092 | 岩質 |

**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 NW/PSREG BROOKLYN OWNER, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$125.00 |

| MUG | 2 | 9 | 2013 |
|-----|---|---|------|
| MUU | ~ | • | |

D. BRUCE

Electronic Filing Menu Corporate Filing Menu

Help

CR2E027 (9/10)

COVER LETTER

| | stration Section sion of Corporations |
|-------------------------------|--|
| SUBJECT: | NW/PSREG Brooklyn Owner, LLC |
| | Name of Limited Liability Company |
| The enclosed Existence, an | "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of discherk 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: |
| | Jan R. Ezell, Corporate Paralegal |
| | Name of Person |
| | Alaton & Bird LLP |
| | Firm/Company |
| | 1201 West Peachtree Street |
| | Address CG A 30309-3424 |
| | (O) N |
| | City/State and Zip Code |
| | sshores@pollackpartners.com |
| | B-mail address: (to be used for future annual report notification) |
| For further in | formation concerning this matter, please call: |
| Jan | R, Ezell 404 881-7442 |
| | Name of Person Area Code & Daytime Telephone Number |
| Divi Regi P.O. | ILING ADDRESS: sion of Corporations stration Section Box 6327 clifton Building thassec, FL 32314 STREET ADDRESS: STREET ADDRESS: STREET ADDRESS: STREET ADDRESS: Street Address: Clifton Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is | a check for the following amount: 25.00 Filing Fee |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF | FILORIDA: |
|--|--|
| 1. NW/PSREG Brooklyn Owner, LLC | |
| (Name of Poreign Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC.") |
| | |
| (If name unavailable, enter alternate name adopted for the purpose of transaction | ting business in Florida and attach a copy of the written |
| consent of the managers or managing members adopting the alternate name. Company," "L.L.C," "LLC.") | The alternate name must include "Limited Liability |
| Dialatuara | |
| 2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46 | (FEI number, if applicable) |
| 0/06/04/0 | |
| 4. (Date of Organization) 5. perpetus (Durati | on: Year limited liability company will cease to |
| | on: Year limited liability company will cease to |
| 6. upon registration | |
| (Date first transacted business in Florida, if prio (See sections 608.501 & 608.502 F.S. to determine | or to registration.) ne penalty liability) |
| 7 5605 Glenridge Drive, Suite 775, Atlants, GA 30342 | 3. 6 |
| | |
| (Second Advanced Property) | n tu 🗢 |
| (Street Address of Principa | Office) |
| 8. If limited liability company is a manager-managed company, | |
| 9. The name and usual business addresses of the managing men | mbers or managers are as follows: |
| NW/PSREG Brookfyn Venture, LLC | SIAT SIAT |
| 5605 Glenridge Drive, Suite 775, Atlanta, GA 30342 | > |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, di | the authorities of the official having a stady of records in |
| the jurisdiction under the law of which it is organized. (A photocopy is not acc | |
| translation of the certificate under oath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promote | d in Florida: |
| real estate investment | |
| | * |
| - X | |
| Signature of a member of an authorized r | |
| (In accordance with section 608.408(3), F.S., the execution of this | document constitutes an affirmation under the |
| penalties of perjury that the facts stated herein are true. I am awa document to the Department of State constitutes a third deg | |
| Steven Shores (see attached) | • |
| Typed or printed name of | signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| The name of the Limited Liability Company is: NW/PSREG Brooklyn Owner, LLC | | | |
|---|--|---------------------------------------|--|
| If unavailable, the altern | ate to be used in the state of Florida is: | | |
| 2. The name and the Fig | orida street address of the registered agent and office are: | · . | |
| | C T Corporation System | | |
| | (Name) | ANG SECRET | |
| | 1200 South Pine Island Road | 20 P 100 PM | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | THE R | |
| Plantatio | n FL 33324 | 28 AMII: 18 RY OF STATE. SSEE FLORIDA | |
| | City/State/Zip | PE B | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

| | C T Corporation System | | | |
|-------------|------------------------|---------------------------------|--|--|
| By: | Frutt Her | Toracil Koursov Asst, Socretary | | |
| (Signature) | | | | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ATTACHMENT TO APPLICATION FOR FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR NW/PSREG BROOKLYN OWNER, LLC

NW/PSREG BROOKLYN OWNER, LLC

By: NW/PSREG Brooklyn Venture, LLC, its sole Member

By: PSREG Brooklyn, LLC, its Managing Member

By: Pollack Shores Real Estate Group, LLC, its Manager

By: /s/ Steven Shores
Steven Shores, President

2019 AUG 28 AM II: I

Delaware

2266

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NW/PSREG BROOKLYN OWNER, 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 TWENTY-FIRST DAY OF AUGUST, A.D.
2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5386192 8300

131008321

iou may verity this cortificate child at corp.delaware.gov/authver.shtml Jeffrey W. Bullock, Secretary of State

DATE: 08-21-13