

| (Requ | uestor's Name) | |
|---------------------------|------------------|-----------|
| (Addi | ress) | |
| (Addr | ress) | |
| (City/ | /State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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B. BOSTICK

JAN 26 2015

EXAMINER

| ACCOUNT NO. | : I200000019 | 95 | | | | |
|--|----------------|---|--|--|--|--|
| REFERENCE | : 476531 | 4300123 | | | | |
| AUTHORIZATION | : Livello of a | 20.4 | | | | |
| COST LIMIT | : \$(125,00 | Man | | | | |
| ORDER DATE : January 23, 2015 | 5 | | | | | |
| ORDER TIME : 3:41 PM | | | | | | |
| ORDER NO. : 476531-005 | | | | | | |
| CUSTOMER NO: 4300123 | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: 310 PB LLC XXXX QUALIFICATION (TYPE: L | <u>ıT</u> .) | 2015 JAN 2 SECRETAR SALLARASS | | | | |
| PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | | ÷ w · · · · · · · · · · · · · · · · · · | | | | |

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------|---|---|---|-------------|---|
| OF IN YO | 310 PB LLC | | | | |
| SUBJE | 9CT: | Limited Liability Company | | | |
| | closed "Application by Foreign Limited Liability ace, and check are submitted to register the above | | | | |
| Please 1 | return all correspondence concerning this matter | to the following: | | | |
| | Kevin Fallon | | | | |
| | | Name of Person | | - | |
| | L&L Holding Com | ipany, LLC | | | |
| | | Firm/Company | | ~ | |
| | 142 West 57th St | reet | · | _ | |
| | | Address | | - | |
| | New York, NY 10 | 019 | | | |
| | | City/State and Zip Code | Pea | | |
| | Kevin.Fallon@ll-h | | | | - |
| | E-mail address: (to b | be used for future annual report notific | cation) | | - |
| For furt | ther information concerning this matter, please co | all: | ار در میدا و این در میدا در این و در این در | 23 | • |
| | Kevin Fallon | 212 <u>920</u> | 0-3369 | > M | j |
| | Name of Contact Person | Area Code Da | aytime Telephone Number | -= O | |
| | Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 | TREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301 | Tr- | 0.5 | |
| Enclos | sed is a check for the following amount: \$\Boxed{1} \$125.00 \text{ Filing Fee} \Boxed{1} \$130.00 \text{ Filing Fe} \text{ Certificate of State} | | ☐ \$160.00 Filing Fee, 0 of Status & Certified | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. 310 PB LLC | | | |
|--|--|--|-------------|
| (Name of Foreign Limited Liability Company; must include | "Limited Liability Company," "L.L.C., | " or "LLC.") | - |
| (If name unavailable, enter alternate name adopted for the purpose of trans Liability Company," "L.L.C," or "L.L.C.") | sacting business in Florida. The alternate | e name must include "Lin | _ nited |
| ₂ Delaware | 47-2721698 | 200 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if app | licable) | |
| 4. upon registration | | 22 | |
| (Date first transacted business in Flo (See sections 605.0904 & 605.0905, F. | orida, if prior to registration.) S. to determine penalty liability) | | 1 |
| _{5.} c/o L&L Holding Company LLC, 142 We | est 57th Street, New Yo | ., | |
| | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | <u>\$</u> ₩ 8 | • |
| (Street Address of | Principal Office) | | - |
| 6. c/o L&L Holding Company LLC, 142 We | est 57th Street, New Yo | ork, NY 10019 | |
| 0. | | | - |
| (Mailing A | Address | | - |
| _ | ŕ | | |
| 7. The name, title or capacity and address of the person | (s) who has/have authority to | manage is/are: | |
| David Levinson, Manager, c/o L&L Holding Company L | LC, 142 West 57th Street, Ne | w York, NY 10019 | |
| Simone Levinson, Manager, c/o L&L Holding Company I | LLC, 142 West 57th Street, Ne | w York, NY 10019 | • |
| | | | |
| 8. Attached is an original certificate of existence, no more having custody of records in the jurisdiction under the la acceptable. If the certificate is in a foreign language, a transit be submitted) Signature of an a (In accordance with section 605.0203, F.S., the execution of this document constitution) | w of which it is organized. (A anslation of the certificate und th | photocopy is not ler oath of the trans | slator |
| am aware that any false information submitted in a document to the Department of S | State constitutes a third degree felony as prov | rided for in s.817.155, F.S.) | |

Typed or printed name of signee

Keith M. Wixson, Authorized Person

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the 310 PB LLC | ne Limited Liability | Company is: | | | |
|--|------------------------|---|--------------|-------------|---|
| If unavailable, the | e alternate to be used | l in the state of Florida is: | | | |
| 2. The name and | the Florida street ad | dress of the registered agent and office are: | - | | |
| (| Corporation Service Co | ompany | · Em | 2015 | |
| _ | | (Name) | | 15 JAN | T |
| 1 | 201 Hays Street | | | ≈ 23 | 7 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | > | | |
| T | allahassee | 32301 FL | - 34 - 34 | H: 0: | Ü |
| | | City/State/Zip | j, t | ഗ | |

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 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

Courtney Williams

Asst. Vice President

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "310 PB 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-THIRD DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "310 PB LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2015.

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

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Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 2064119

DATE: 01-23-15

You may verify this certificate online at corp.delaware.gov/authver.shtml