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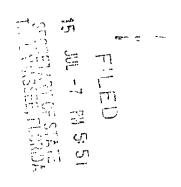
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### COVER LETTER

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	ration Section on of Corporation	as				
C. SUBJECT:	JL WYNWOOD, I	rrc				
SODJECI		Name of L	imited Liability C	Company		
The enclosed "A Existence, and	Application by For check are submitte	eign Limited Liability Compe d to register the above referer	any for Authorizat	tion to Tran ed liability (	sact Business in Flo	orida," Certificate of business in Florida.
Please return al	l correspondence o	concerning this matter to the f	ollowing:			
	Tripp Vitto, Es	q.				
	-151	Na	me of Person			<del></del>
	SARAGA/LIPS	SHY, PL				
Firm/Company						
	Address  Delray Beach, Florida 33444  City/State and Zip Code  dan@linkrenyc.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Tripp Vitto, Esq.  561 330-0660					
			Address			
	Delray Beach,	Florida 33444			نه مدر	n 3
		City/Sta	ate and Zip Code			品台刊
	dan@linkrenyc.c	com			 	
		E-mail address: (to be used	for future annual	report notif	fication)	
For further info	rmation concernin	g this matter, please call:				્રં હો
Tripp	Vitto, Esq.		561 at (	330-0660	0	सिन प
	Name o	of Contact Person	Area Code	Dayti	ime Telephone Nun	iber
Divisi Regist P.O. E	ING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		
	heck for the follow 25.00 Filing Fce	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Piling of Status & Certifi	

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

IN COMPLIANCE WITH SECTION (05:0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CJL WYNWOOD, LLO	eign Limited Liability Company; mu	st include "Limited Liabi	lity Company," "L.L.C.," or	"LLC.")
iability Company," "L.L.C."	Iternate name adopted for the purpos " or "LLC.")	e of fransacting business	in Florida. The alternate nan	ne must include "Limiled
Delaware		3. 47-4413810		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	
•	(Date first transacted busine	ess in Florida, if prior to a	registration )	<u></u>
	(Date first transacted busine (See sections 605.0904 & 605	.0905, F.S. to determine	penalty liability)	
c/o Centurion Realty, I	LLC, 512 7th Avenue - 37th Floo	or, New York, New Yo	rk 10018	_
	(Street Address of	Principal Office)		_
c/o Centurion Realty, L	LC, 512 7th Avenue - 37th Floor		rk 10018	
				<u></u>
	(Mailing	Address)		_
Name and street address	ss of Florida registered agent: (P		ble)	٠.
	SLPA, INC.	.o. zon <u>r.o.,</u> accopia	,	- 'श्री कि
Name:				小品 岩 加
Office Address:	201 N.E. First Avenue			
	Delray Beach		, Florida 33444	
	(City)		(Zip code)	
legistered agent's accep	stance: egistered agent and to accept ser	wine of numbers for the	above stated corneration	at the place decionates
his application, I hereby	accept the appointment as regis statutes relative to the proper on	sered ofent and agree	to act in this capacity. I	further agree to comply
		d complete performa	ice of my duties, and I ar	n familiar with and acc
ie ovugations of my pos	ition as registered agent.	Hot lunder	/	
		tered agent's signature)	<u> </u>	<del>-</del>
	of the first	tered agent's signature)		
3. The name, title or capa	acity and address of the person(s)	) who has/have authori	ty to manage is/are:	
talph Tawil, Manager, c/	o Centurion Realty, LLC, 512 7t	h Avenue - 37th Floor.	, New York, New York 10	0018
Albert Cohen, Manager, c	c/o Centurion Realty, LLC, 512 7	7th Avenue - 37th Floo	r. New York, New York	10018
6,2				<del></del>
		<del></del>		
	of existence, no more than 90 do of which it is organized. (If the cubmitted)			
			<b>-</b> >	
	Signature	e of an authorized person		_
his document is executed	d in accordance with section 605.	0203 (1) (b) Florida S	tatutes. I am aware that ac	v false information
	o the Department of State constitu			
	Ralph Tawil			

Typed or printed name of signee

# Delaware

PAGE

## The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "CJL WYNWOOD, LLC",

FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF APRIL, A.D.

2015, AT 2:05 O'CLOCK P.M.



5736934 8100

150577764

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2334498

DATE: 04-29-15

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

State of Delaware Secretary of State Division of Corporations Delivered 02:55 PM 04/28/2015 FILED 02:05 PM 04/28/2015 SRV 150577764 - 5736934 FILE

#### CERTIFICATE OF FORMATION

**OF** 

### CJL WYNWOOD, LLC

This Certificate of Formation of CJL WYNWOOD, LLC (the "LLC"), dated as of April 22, 2015, is being duly executed and filed by the undersigned, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. §18-101, et seq.).

FIRST. The name of the limited liability company formed hereby is CJL WYNWOOD, LLC.

SECOND. The address of its registered office in the State of Delaware is 1679 S. Dupont Hwy., Suite 100 in the city of Dover. Zip code 19901. The name of its registered agent at such address is Registered Agent Solutions, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

Name: Srian Louis Lipshy