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(Requestor's Name)			
(Ad	dress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 823312 7837524

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE: October 7, 2015

ORDER TIME : 12:18 PM

ORDER NO. : 823312-005

CUSTOMER NO: 7837524

FOREIGN_FILINGS

NAME: EEFC 43-65 NW 23 OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	.CT: EEFC 43-65 NW 2	23 Owner, LLC			
		Name of Limited Li	ability Company		
				nnsact Business in Florida," Certific y company to transact business in F	
Please r	eturn all correspondence c	concerning this matter to the follow	ving:		
	Marc Gitto				
		Name of	Person		
	East End Capit	ial			
		Firm/Cor	npany		
	600 Madison A	ve, 11th Fl			
		Addr	ess		
	New York, NY	10022			
		City/State and	d Zip Code		
	mgitto@easten				
		E-mail address: (to be used for fu	ture annual report not	fication)	
For furt	her information concerning	g this matter, please call:			
	Mark Schrieber	at (917) 281-03 Area Code Dayti	345	
	Name o	of Person	Area Code Dayti	me Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Co Registration S Clifton Buildi	orporations Section ng ve Center Circle		
Enclos	sed is a check for the form \$125.00 Filing Fee	□ \$130.00 Filing Fee & □ \$	1155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	?

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. EEFC 43-65 NW 23 Owner, LLC (Name of Foreign Limited Liability Com	pany; must include	"Limited Liability Company,"	' "L.L.C.," or "LLC	[.")
(If name unavailable, enter alternate name adopt consent of the managers or managing members a Company," "L.L.C." "LLC.")				
2 DELAWARE	3.	37-1749322		
(Jurisdiction under the law of which foreign I company is organized)	imited liability	(FEI number. if	applicable)	
4				
(Date first transacti (See sections 605.09	ed business in Flori 04 & 605.0905, F.S	da, if prior to registration.) S. to determine penalty liability	()	
5. 600 Madison Ave, 11th FI, New York, N	IY 10022			
	(Street Address of	Principal Office)		
6. 600 Madison Ave, 11th Fl, New York, N	·	• ,		
0		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	(Mailing	Address)		
		,	* ₍₂ 1	ri.
7. The name, title or capacity and addr	ess of the persor	n(s) who has/have authori	ty to manage is/	are: 😽
Jonathon Yormak, AR, 600 Madison Ave,	11th Floor, New Y	ork; NY 10022		
David Peretz, AR, 600 Madison Ave, 11th	Floor, New York,	NY 10022	13 A	-7
Marc Gitto, Authorized Representative, 60	0 Madison Ave, 1	1th Floor, New York, NY 10	022	1 10 10 10 10 10 10 10 10 10 10 10 10 10
O America Process Colonia and Const. Co. 24	4 00 1	11 11 4 2 4 11 4	27 3rd	
8. Attached is an original certificate of existence, in the jurisdiction under the law of which it is org				
translation of the certificate under oath of the trans			E III d 10,0 E I	on PomPot o
ı A				
	Simpture of an	uthorized person		
(In accordance with section 605.02	-	· · · · · · · · · · · · · · · · · · ·	affirmation under the	<u>.</u>
penalties of perjury that the facts				
document to the Department o Jonathon Yormak			za 10r in s.817.155,	r.S.J
	yped or printed r	<u> </u>		

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 Limited Liability Con	npany is:	
EEFC 43-65 I	NW 23 Owner, LLC		
If unavailable	e, the alternate to be used in t	the state of Florida is:	
2. The name	and the Florida street addres	ss of the registered agent and office	are:
	Corporation Service Comp	any	
		(Name)	
	1201 Hays Street		
	Florida Street /	Address (P.O. Box NOT ACCEPTABLE)	730 67
	Tallahassee	FL 32301	Winds of
liability comp registered ag statutes relat	pany at the place designated i gent and agree to act in this co ling to the proper and comple.	City/State/Zip and to accept service of process for the in this certificate. I hereby accept the apacity. I further agree to comply we to performance of my duties, and I a egistered agent as provided for in Ch	e appointment as with the provisions of all on familiar with and
	Corporation Service Compai	ignature) 00 Filing Fee for Application 00 Designation of Registered Ag 00 Certified Copy (optional)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EEFC 43-65 NW 23 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 SIXTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EEFC 43-65 NW 23

OWNER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D.

2014.

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

ICT -7 AM IO: 08

Authentication: 10187393

Date: 10-06-15

5471229 8300 SR# 20150396714

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