(Re	questor's Name)	 			
(Åda	dress)				
(Add	dress)				
(City	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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MAR 13 2017 S. YOUNG

17 MAR 10 AM 9: 01

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 551758 8063455

AUTHORIZATION :

ORDER DATE: March 10, 2017

ORDER TIME : 3:34 PM

ORDER NO. : 551758-005

CUSTOMER NO: 8063455

FOREIGN FILINGS

NAME: 2222 PONCE DE LEON BLVD TENANT

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

17 KAR 10 AM 9

SECRETATY OF STATE

COVER LETTER

TO:

Registration Section

Divi	ision of Corporatio	ns					
SUBJECT:		on Blvd Tenant LLC					
Name of Limited Liability Company							
				ansact Business in Florida," y company to transact busine			
Please return	all correspondence	concerning this matter to the	following:				
	Sonia Bennett						
Name of Person							
WeWork Companies Inc.							
Firm/Company							
115 W 18th Street, 5th Floor,							
Address							
New York, NY 10011					3500		
City/State and Zip Code					T FEE		
	sonia.bennett@v	vework.com					
		E-mail address: (to be use	d for future annual report no	tification)	0 53.4		
For further in	formation concernir	g this matter, please call:			CULTARY OF WA 9: 0		
Kat	arina Pimentel		646 568-79	935	9.0		
	Name o	of Contact Person	\	ytime Telephone Number	£		
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314		Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301			
	check for the follow 125.00 Filing Fee	ving amount: \$\square\$ \$\square\$ 130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2222 Ponce De Leon B			
(Name of Fore	ign Limited Liability Company; must include "Limited L	iability Company," "L.L.C.," or "LL	5.")
(If name unavailable, enter al	ternate name adopted for the purpose of transacting busin	ness in Florida. The alternate name m	ust include "Limited
Liability Company," "L.L.C,	" or "LLC.")		
2. New York	3. 81-4138034	4	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 11/01/2017			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.) ine penalty liability)	
5. 115 W 18th Street, 5th	Floor		
New York, NY 10011			-
	(Street Address of Principal Office)		= F.
6. 115 W 18th Street, 5th	Floor		亚 至
New York, NY 10011			T HAR TO
	(Mailing Address)		100 100
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acce	eptable)	图 9:01
Name:	Corporation Service Company	•	0 20
Office Address:	1201 Hays Street	_	٠
Office Address.	Tallahassec	, Florida 32301	
	(City)	, Florida(Zip code)	
Registered agent's accep	tance:	•	t the soft of
Having been named as to designated in this applica	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered	the above stated timited tiability Lagent and agree to act in this ca	company at the place apacity. I further agree
to complywith the provisi	ons of all statutes relative to the proper and comple	ete performance of my duties, an	d I am familiar with and
accept the obligations of	my position as registered agent. Corporation Service Company	Melissa :	7ender
	By:	Asst. Vice	
	(Registered agent's signatur	re)	riesident
8 The name, title or can:	acity and address of the person(s) who has/have auth	nority to manage is/are:	
·	nt Secretary, 115 W 18th Street, 5th Floor, New Yor		
34104 (50)77411013, 11331314	. socious,		
		·	
9. Attached is a certificate	of existence, no more than 90 days old, duly auther of which it is organized. (If the certificate is in a for	nticated by the official having cust	ody of records in the
of the translator must be s		eigh language, a translation of the	certificate under dani
	Signature of an authorized per	rson	
This document is executed	d in accordance with section 605.0203 (1) (b), Florid		se information
submitted in a document to	o the Department of State constitutes a third degree t	felony as provided for in s.817.15	5, F.S.
	Jared DeMatteis		

Typed or printed name of signee

State of New York Department of State

I hereby certify, that 2222 PONCE DE LEON BLVD TENANT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/05/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of March two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

Executive Deputy Secretary

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