### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

eas@aunster.com

Foreign Limited Liability Company Lorber Alpha II, LLC

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March 24, 2017

#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

GUNSTER, YOAKLEY & STEWART, P.A. DIVISION OF COSPO

SUBJECT: LORBER ALPHA II, LLC

REF: W17000025332

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: E17000080991 Letter Number: 217A00005669

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

	ECTION 003,0902, PLORIDA STATUTES, THE POLI. BUSINESS IN THE STATE OF FLORIDA:	OPUNG IS SUBMILITED TO RECEIVE	RAPOREION LIMITED LIABILITY
1. Lorber A (Name of F	alpha II, LLC oreign Limited Liability Company; must include "I	imited Liability Company," "L.L.C.,	" or "LLC.")
(If name unavailable, ente Liability Company," "L L	r alternate name adopted for the purpose of transact.C," or "LLC.")	ting business in Florida. The alternate	name must include "Limited
2. Delaware	3	<b>288_0451543</b>	
(Jurisdiction under the l company is organized)	aw of which foreign limited liability	::88-0451543 (FEI number, if applica	able)
4			- <del></del>
	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S. 1	a, if prior to registration.) o determine penalty liability)	
6 90/1 51			end end end end end end end end
5. 8001 F1	sher Island Drive		a supplying
Ficher I	sland, FL 33109		
1 131101 1	sland, FL 33109 (Street Address of Principal Of	fice)	
6. 8061 Fis	sher Island Drive		The second secon
0	mer island Diffe	·	
Fisher I	sland, FL 33109		
	(Mailing Address)		D O O O O O O O O O O O O O O O O O O O
7. Name and street add	ress of Florida registered agent: (P.O. Box N	OT acceptable)	O TE
Name:	Corporate Creations Network, In-	c,	منم جود
•	s: 11380 Prosperity Farms Rd #221	E	
	Palm Beach Gardens (City)	Fig. 33410	
	(City)	, Florida 33410 (Zin code)	<del></del>
Registered agent's acc		(13) 0300	,
designated in this appli to complywith the provi	registered agent and to accept service of pro- cation, I hereby accept the appointment as re- isions of all statutes relative to the proper and of my position as registered agent.	gistered agent and agree to act it	n this capacity. I further agree
	/c/ ID Darking Vice President	dent	
	(Registered agent's		<del></del>
8. The name, title or ca	apacity and address of the person(s) who has/h	-	
Lloward Lorb	er, Manager, 8061 Fisher Island Drive	Eicher Island El 22100	
	er, manager, add r isner island Diffe	, Pisher Island, PC 53103	
	ste of existence, no more than 90 days old, duly w of which it is organized. (If the certificate is submitted)		
	.,		
	/s/ Howard Lorber Signature of an author	ized person	<del></del>
This document is execut submitted in a document	ed in accordance with section 605.0203 (1) (b) to the Department of State constitutes a third of	, Florida Statutes. I am aware that legree felony as provided for in s.	any false information 817.155, F.S.
	Howard Lorber		
	Typed or printed name	of signee	

à

H170000809913

# LORBER ALPHA II, INC. & LORBER ALPHA II LIMITED PARTNERSHIP

8061 Fisher Island Drive Fisher Island, Florida 33109

### **CONSENT TO USE OF NAME**

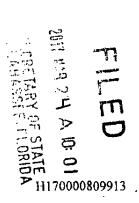
Lorber Alpha II, Inc., a Nevada corporation authorized to do business in Florida (Document Number: F13000001675), and Lorber Alpha II Limited Partnership, a Nevada limited partnership authorized to do business in Florida (Document Number: B13000000113) ("the companies") both hereby consent to the filing of a Certificate of Organization by their affiliated entity, Lorber Alpha II, LLC, using the name "Lorber Alpha II, LLC".

IN WITNESS WHEREOF, the companies have caused this Consent to Use of Name to be executed on their behalf this 24<sup>th</sup> day of March, 2017.

#### Lorber Alpha II, Inc.

By:	/s/ Howard Lorber
•	Howard Lorber, Authorized Person
Lor	ber Alpha II Limited Partnership
By:	/s/ Howard Lorber
	Howard Lorber, Authorized Person

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H170000 809913



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

DELAWARE, DO HEREBY CERTIFY "LORBER ALPHA II, 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-SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LORBER ALPHA II, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

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

6179988 8300 SR# 20171929914

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

John W. Succi, Secretary of State

Authentication: 202244205

Date: 03-22-17