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JUN 2 7 2017

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 698482 , 79995

AUTHORIZATION: Signell Commence

COST LIMIT : \$ 125.00

ORDER DATE: June 23, 2017

ORDER TIME : 12:58 PM

ORDER NO. : 698482-010

CUSTOMER NO: 7999533

FOREIGN FILINGS

NAME: CUBE WYNWOOD SPE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: ___

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. CUBE Wynwood SPE, (Name of Foreign)		ty Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC	·*)	
(If name unavailable enter alternate ra	une adopted for t	the purpose of transacting business in Flo	rida. The a	hereste name must include "I imited	Liability Company " "I	
		are barbote of naturality condition in the			Lacinay Company,	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)				(FFI n	umber, if applicable)	17 JUN 26 AM 8: 56
,				,. <u>-</u>	,	
4. n/a						至王
	(Date first (See section	transacted business in Florida, if prior to ns 605.0904 & 605.0905, F.S. to determi	registration	L) liability)		g 25
					-	ca 🤛
5. c/o RedSky Capital, LLC (Street Address of Principal Office)				c/o RedSky Capital, LLC	(ddress)	
3 Hope St., Brooklyn, NY 11211				3 Hope St., Brooklyn, N		ું. ભ
	·					
		registered agent: (P.O. Box	NOT	acceptable)		·
Name:	Jonathan	Bernstein Consulting Corp.		<u> </u>		
Office Address:	5090 PGA	. Blvd., Ste. 308				
	Palm Bea	ch Gardens		, Florida 33418 (Zip		
		(Ciry)		Zip	code)	
to comply with the provisi and accept the obligations	ons of all so of my pool	aszewicz (Regultered agent's	signature)	emplete performance of n	ny duties, and I a	
8. The name, title or capa Title or Capacity:		dress of the person(s) who ha Name and Address:		authority to manage is/arc itle or Capacity:	:: Name and	Address
Title of Capacity.	Ī	ABUTE BUIL WOULESS:	1	me or Capacity:	Name and	Augress;
Benjamin Bernstein,						
•	<u> </u>	Brooklyn, NY 11211	-			
	_					
Benjamin Stokes, Pri	mainal 2	Hone St				
Denjamin Stokes, Fri	- '	Hope St. Brooklyn, NY 11211	- -			
		MOOKIVII, INT. 11211	-			
(Use attachments if necess	sary)		_			
	of which it i	e, no more than 90 days old, is organized. (If the certifical				
10. This document is exec submitted in a document to	the Depart	ordance with section 695.020 ment of State constitutes and Signature	ird deg), Florida Statutes. I am averee felony as provided for	ware that any falsi in s.817.155, F.S	e information
	Annie Luk	caszewicz)	

Typed or printed name of signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CUBE WYNWOOD SPE, 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-SIXTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUBE WYNWOOD SPE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2017.

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

6454679 8300

SR# 20174936364

Authentication: 202775511

Date: 06-26-17