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MUG 1 O 2017 J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

Sept. Sept.

I	ACCOUNT NO.	:	12000000019	95
	REFERENCE	:	754204	7961568
AUT	CHORIZATION	:	Compression of	inda
	COST LIMIT	:	\$ 90461.25	
ORDER DATE : Augus	st 3, 2017	. – – -	· · · · · · · · · · · · · · · · · · ·	
ORDER TIME : 1:14	PM			
ORDER NO. : 75420	04-005			
CUSTOMER NO: 79	61568			
	FOREIGN FI	LIN	<u>vgs</u>	
NAME: BE	CLLARIA 207 I	rLC		
XXXX QUALIFICATION	I (TYPE: <u>LI</u>	<u>,</u> )		
PLEASE RETURN THE	COLLOWING AS	PRO	OOF OF FILIP	NG:
CERTIFIED OF PLAIN STAME XX CERTIFICATE		ND]	ING	

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2017

CSC MELISSA ZENDER Please give original submission date as file at

2017 AUG -8 P

SUBJECT: TRPF ATLANTIC AT EAST DELRAY LLC

Ref. Number: W17000065065

We have received your document for TRPF ATLANTIC AT EAST DELRAY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00016217

2017 AUG -9 FII 1: 1

## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE		
	Name	of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter to	the following:
	Teya Beradze	
		Name of Person
	Schonfeld Strategic Advisors LLC	
		Firm/Company
	460 Park Avenue, 19th Floor	
		Address
	New York, NY 10022	
	Ci	y/State and Zip Code
	tberadze@schonfeldstrategic.com	
	E-mail address: (to be	used for future annual report notification)
For furt	her information concerning this matter, please call	
	Teya Beradze	212 909-1585 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	d is a check for the following amount:  ☐ \$125.00 Filing Fee  ☐ Certificate of Status	& □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certified Copy 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:

	unse adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Delaware		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE)	number, if applicable)
12/16/2014			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	··
460 Park Avenue, 19th		6. 460 Park Avenue, 19th	Floor
(Street Address of	Principal Office)	O. (Mailing	
New York, NY 10022		New York, NY 10022	Address)
			7. k. A.
			7.32
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SS <b>∞</b>
		,	
Name:	Corporation Service Company	<del></del>	· <del></del>
Office Address:	1201 Hays Street		9 <b>9</b>
	Tallahassee	22201	
	<del></del>	, Florida 32301	
esignated in this application comply with the provise	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	process for the above stated limi is registered agent and agree to	act in this capacity. I further t
aving been named as resignated in this applicated in this applicated comply with the provision.	stance: rgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper sof my position as registered agent.  Corporation Service Company	process for the above stated limi is registered agent and agree to	ited liability company at the pla act in this capacity. I further a
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Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BELLARIA 207 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 THIRD DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELLARIA 207 LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2014.

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

Authentication: 203000209

Date: 08-03-17