M17000001746

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800303241418





D. SCOTT SEP 1 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 802340 7288091

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 8, 2017

ORDER TIME : 1:12 PM

ORDER NO. : 802340-005

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: TREA ORION ON ORPINGTON LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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. TREA Orion on Orping (Name of Foreign)	ton LLC Limited Liability Company; must incli	ide "Limited Liability	Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting by	isiness in Florida. The alti	ernate name must include "Limited Lis	ability Company, ""L.L.C," or "LL.C.")	
2 Delaware			82-2685141	•	
2. Delawate (Jurisdiction under the law of wh	uch foreign limited hability company is organ			ber, if applicable)	
4 Upon filing					
4. <u></u>	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F	da, if prior to registration. S, to determine penalty li	ability)		
5 730 Third Avenue		6.	730 Third Avenue		
(Street Address of Principal Office) New York, NY 10017		•	(Maihng Address) New York, NY 10017		
New Fork, NT 10017		-			
		-			
7. Name and street address	s of Florida registered agent: (P.O. Box NOT a	cceptable)		
Name:	Corporation Service Company	<u> </u>			
Office Address:	1201 Hays Street		<u></u>		
	Tallahassee		, Florida 32301		
Registered agent's accep	(Cut	•)	(Zrp co	de) = 100 = 1	
	S of my position as registered a Corporation Service Comp By: (Regis acity and address of the persons Name and Address	any tered agent's signature) (s) who has/have a	uthority to manage is/are:	Melissä Zender Asst. Vice President Name and Address:	
	Teachers Insurance and A	_			
Member	730 Third Avenue, New				
_					
					
(Use attachments if neces	sary)				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the	days old, duly aut certificate is in a	henticated by the official beforeign language, a transla	naving custody of records in the attion of the certificate under oath	
10. This document is executed submitted in a document to	cuted in accordance with section the Department of State const	itutes a third degr	ee felony as provided for it	are that any false information a s.817.155, F.S.	
	Danne	_ lolus	rized person		
		Signature of an author	rized person		
	Donna Cohen, Assis	stant Secretary			
		Typed or printed na	ne of signee		



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

DELAWARE, DO HEREBY CERTIFY "TREA ORION ON ORPINGTON 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 EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREA ORION ON ORPINGTON LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2017.

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





Authentication: 203189886

Date: 09-08-17

6527669 8300 SR# 20176080735