

MI7000008726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

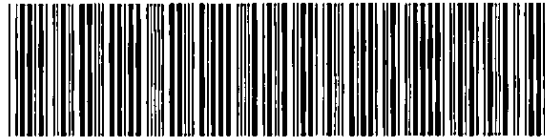
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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OCT 12 AM 10:49

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OCT 1 2017

Y SULKER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 10-12-17  
\*\*WALK IN\*\*

ENTITY NAME THOR WYNWOOD WALK OWNER LLC

DOCUMENT NUMBER \_\_\_\_\_

\*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

\_\_\_\_\_  
Plain Copy

XX  
\_\_\_\_\_  
Certified Copy

\_\_\_\_\_  
Certificate of Status

\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

\_\_\_\_\_  
Certified Copy of Arts & Amendments

\_\_\_\_\_  
Certificate of Good Standing

\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\*

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 155.00

CHECK # 4127

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Thor Wynwood Walk Owner LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joey Kelley

Name of Person

United Corporate Services, Inc.

Firm/Company

100 State St 8th FL

Address

Albany NY 12207

City/State and Zip Code

Stephanie Burger <sburger@thorequities.com>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joey Kelley

877

894-9049

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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:*

1. Thor Wynwood Walk Owner LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 25 West 39th Street, 11th FL 6. 25 West 39th Street, 11th FL  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10018 New York, NY 10018

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd.- Suite 508  
Miami, Florida 33156  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Michael A. Parr, President  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Person</u>	<u>Joseph Sitt</u> <u>25 West 39th Street, 11th FL</u> <u>New York NY 10028</u>	<u>Authorized Person</u>	<u>Morris Missry</u> <u>885 Second Ave 47th Fl</u> <u>New York NY 10017</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Signature of an authorized person

MORRIS MISSRY  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THOR WYNWOOD WALK OWNER 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 ELEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOR WYNWOOD WALK OWNER LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2017.

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

17 OCT 12 AM 10 49  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

6540243 8300

SR# 20176573157

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203381010

Date: 10-11-17