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DEC 20 AM 7:

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 974430 4307171

AUTHORIZATION :

COST LIMIT : \$/125,00

ORDER DATE: December 20, 2017

ORDER TIME : 2:0 PM

ORDER NO. : 974430-005

CUSTOMER NO: 4307171

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FOREIGN FILINGS

NAME: KATZ PROPERTIES MANAGEMENT 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:



December 21, 2017

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original submission date as file date.

Ξ.

SUBJECT: KATZ PROPERTIES MANAGEMENT LLC

Ref. Number: W17000100378

We have received your document for KATZ PROPERTIES MANAGEMENT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 517A00025785

COVER LETTER

TO:		stration Section sion of Corporati	ons				
SUBJE	CT:	Katz Properties M	anagement LLC				
02	···		Name of	Limited Liability	Company		
						unsact Business in Florida," Certi y company to transact business in	
Please r	eturn	all correspondence	concerning this matter to the	: following:			
		Lisa R. Burke					
			N	lame of Person			
		Rogin Nassau	LLC				
			F	irm/Company			
		_	Street, CityPlace I, 22nd Floo	ı			
				Address	•		
			City/S	State and Zip Code			
		dnk@katzprope	arties.com				
			E-mail address: (to be use	d for future annua	report no	tification)	
For furth	ner int	ormation concerni	ng this matter, please call:				
				21.6	,		
		Name	of Contact Person	at (Ar e a Code	Day	ytime Telephone Number	
	Divis Regis P.O.	LING ADDRESS tion of Corporation stration Section Box 6327 hassee, FL 32314			Division Registrat Clillon P 2661 Exc	F ADDRESS: of Corporations tion Section suilding ecutive Center Circle see, FL 32301	
		theck for the follow 25.00 Filling Fee	ving amount: U\$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	og Fee &	☐ \$160,00 Filing Fee, Certificated Status & Certified Copy	ale

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN THAITTED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(11:	name ourvailable, enter oftenate i	name adopted for the purpose of mansacting busin	ess in Florida. The alternat	e name own include "Limited Lial	nabily Company," "L.E.C," or "I.L.C	: ")
2.	Delaware		3.			
	(Jortalichem under the law of w	net leactin hunted hypothy combany is influence	d)	(Ft:) semesk	er, if applicable)	
4.						
		(Date liss transacted business in l'Iorida, (See sections 605 0904 & 605,0905, F.S.	f prior to registration) to determine penalty liabili	ly)	<u></u>	
s.	254 West 31st Street, 4	th floor	6. 254	4 West 31st, 4th Floor		
	(Street Addiess of I New York , NY 10001	Principal Office)		(Mailing Addi w York , NY 10001	ess)	
	New Fork, NY TOOUT		146	W 101K , 111 10001		
7.	Name and street addres	ss of Florida registered agent: (P.	O. Box <u>NOT</u> acco	ptable)	31) 1	i
	Name:	Corporation Service Company			·)
	wante.			****		3 7
	Office Address:	1201 Hays Street				3
		Tallahassee		, Florida 32301 (Ap code		- [14]
7.4	egistered agent's accep			(/ap code	·) : , 를	
""		s of my position as registered age Corporation Service Compan	7111. Y D v d O b	tt o Oli u.x	<u>-</u> -	
	d accept the obligation. The name, title or capa	s of my position as registered age Corporation Service Compan By:	ent. Y Tufar d ogena's signature) who has/have autho	AL QUE MANAGE IS/Are:	duties, and I am familia Roxanne TAsst. Vice Pr	
	d accept the obligation.	s of my position as registered age Corporation Service Compan By: (Register	ent. Y Tufar d ogena's signature) who has/have autho	ne Duni	<u>-</u> -	
	The name, title or capa Title or Capacity: Daniel Partners, LLC	s of my position as registered age Corporation Service Compan By: (Registered acity and address of the person(s) Name and Address: 254 West 31st , 4th Flo	on. y Tufar d opena's signamore) who has/have outho Title of	AL QUE MANAGE IS/Are:	Roxanne To Asst. Vice Pr	
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8.	The name, title or capa Title or Capacity: Daniel Partners, LLC	s of my position as registered age Corporation Service Compan By: (Registered reity and address of the person(s) Name and Address: 254 West 31st , 4th Flo New York , NY 10001	on. y Tufar d opena's signamore) who has/have outho Title of	AL QUE MANAGE IS/Are:	Roxanne To Asst. Vice Pr	
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KATZ PROPERTIES MANAGEMENT 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KATZ PROPERTIES MANAGEMENT LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 203782047

Date: 12-18-17