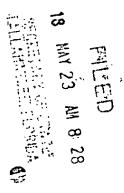
## 118000004979

(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:					

Office Use Only



100313497551



8 HAY 23 AM 11: 05

O SIMMONS MAY 2 4 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 226329 7283904

AUTHORIZATION : STIELD CONTROL

COST LIMIT : \$ 425-00

ORDER DATE: May 22, 2018

ORDER TIME : 5:15 PM

ORDER NO. : 226329-005

CUSTOMER NO: 7283904

-----

## FOREIGN FILINGS

NAME: 3500 NW 24TH ST. GROUND OWNER

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

TO:		on Section of Corporations	;				
SUBJE		NW 24th St. Gi	round Owner LLC				
SUBJE	<u> </u>		Name of L	imited Liability C	ompany		
						nsact Business in Florida," Co company to transact business	
Please r	eturn all co	rrespondence co	oncerning this matter to the f	following:			
	!	rina Shurinova					
	-		Na	me of Person		<del></del>	
	i	Star Inc.					
Firm/Company							
	One Sansoine Street, 30th Floor						
Address							
	!	San Francisco, C	CA 94104				
	_		City/St	ate and Zip Code			
	isl	nurinova@istar.	com				
	_		E-mail address: (to be used	for future annual	report noti	ification)	
For furt	her informa	tion concerning	this matter, please call:				
	Irina Shu	rinova		415 at (	263-864		
		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
	Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division of Registration Budget 1961 Exercise 2661 Exercis	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		for the followi Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certion Status & Certified Copy	ificate

## 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. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate n				
	ame adopted for the purpose of transacting business in Flo		nited Liability Company," "L.L. C," or "E.L.C.")	
Delaware	uch foreign limited hability company is organized)	3. <u>n/a</u>	FEI number, if applicable)	
(Artistiction tauget the faw of wi	tion to eight through another company is organized.	,	((, паже, паррисане)	
upon filing	(Date first transacted business in Florida, if prior to	Parinet military (		
	(See sections 605 0904 & 605,0905, F.S. to determ	nine penalty liability)		
. 1114 Avenue of the Ar		6. same	ling Address)	
30th Floor	пила Опсет	(,*132	京園 姜 河	
New York, NY 10036		<del></del>	700 70	
			<u>ω η</u>	
. Name and street addres	s of Florida registered agent: (P.O. Box	x NOT acceptable)	2000年 夏 〇	
	Corporation Service Company		€. <b></b>	
Name:		<del>-</del> 64	28	
Office Address:	1201 Hays Street			
	Tallahassee	, Florida <u>3230</u>	)1	
Registered agent's accep	(City)		(Zip code)	
o comply with the provisi	tion, I hereby accept the appointment of ons of all statutes relative to the propes s of my position as registered agent	us registered agent and agree	of my duties, and I am familiar with	
o comply with the provisi	ons of all statutes relative to the proper s of my position as registered agent Corporation Sorvice Company By:	is registered agent and agree r and complete performance	to act in this capacity. I further agre of my duties, and I am familiar with Roxanne Turner	
o comply with the provisi	ons of all statutes relative to the proper s of my position as registered agent	is registered agent and agree r and complete performance	to act in this capacity. I further agre of my duties, and I am familiar with	
o comply with the provisional accept the obligation:  8. The name, title or capa	cons of all statutes relative to the proper s of my position as registered agent. Corporation Sorvice Company By: (Registered agent's	is registered agent and agree r and complete performance (  signature) as/have authority to manage is	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider	
o comply with the provisional accept the obligations  8. The name, title or capa  Title or Capacity:	Corporation as registered agent (Registered agent)  Corporation Sorvice Company  (Registered agent's acity and address of the person(s) who have and Address:	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider stare:  Name and Address:	
o comply with the provisional accept the obligation:  8. The name, title or capa	cons of all statutes relative to the proper sof my position as registered agent.  Corporation Sorvice Company  By:  (Registered agent's acity and address of the person(s) who have and Address:  SF11, LLC	is registered agent and agree r and complete performance (  signature) as/have authority to manage is	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider stare:  Name and Address: Geoffrey M. Dugan	
o comply with the provisional accept the obligations  8. The name, title or capa  Title or Capacity:	Corporation as registered agent (Registered agent)  Corporation Sorvice Company  (Registered agent's acity and address of the person(s) who have and Address:	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider stare:  Name and Address:	
o comply with the provisional accept the obligations  8. The name, title or capa  Title or Capacity:	cons of all statutes relative to the proper sof my position as registered agent. Corporation Sorvice Company By:  (Registered agent's acity and address of the person(s) who have and Address:  SFI I, LLC  1114 Ave of the Americas	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with  Roxanne Turner Asst. Vice Presider  Vare:  Name and Address:  Geoffrey M. Dugan  One Sansome Street, 30F1	
o comply with the provisional accept the obligations  8. The name, title or capa  Title or Capacity:	cons of all statutes relative to the proper sof my position as registered agent. Corporation Sorvice Company By:  (Registered agent's acity and address of the person(s) who have and Address:  SFI I, LLC  1114 Ave of the Americas	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with  Roxanne Turner Asst. Vice Presider  Vare:  Name and Address:  Geoffrey M. Dugan  One Sansome Street, 30F1	
o comply with the provisional accept the obligations  8. The name, title or capa  Title or Capacity:	cons of all statutes relative to the proper sof my position as registered agent. Corporation Sorvice Company By:  (Registered agent's acity and address of the person(s) who have and Address:  SFI I, LLC  1114 Ave of the Americas	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with  Roxanne Turner Asst. Vice Presider  Vare:  Name and Address:  Geoffrey M. Dugan  One Sansome Street, 30F1	
8. The name, title or capa  Title or Capacity:  Member	cons of all statutes relative to the proper staff my position as registered agent.  Corporation Service Company  By:  (Registered agent's acity and address of the person(s) who have and Address:  SFI 1, LLC  1114 Ave of the Americas  New York, NY 10036	as registered agent and agree r and complete performance (  signature) as/have authority to manage is  Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with  Roxanne Turner Asst. Vice Presider  Vare:  Name and Address:  Geoffrey M. Dugan  One Sansome Street, 30F1	
8. The name, title or capa Title or Capacity: Member  (Use attachments if neces)	cons of all statutes relative to the proper staff of my position as registered agent. Corporation Service Company By:  (Registered agent's recity and address of the person(s) who have and Address:  SF11, LLC  1114 Ave of the Americas New York, NY 10036	as registered agent and agree r and complete performance of signature) as/have authority to manage is Title or Capacity: Secretary	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider stare:  Name and Address:  Geoffrey M. Dugan One Sansome Street, 30Fl San Francisco, CA 94104	
8. The name, title or capa Title or Capacity: Member  (Use attachments if neces)	cons of all statutes relative to the proper state of my position as registered agent. Corporation Service Company By:  (Registered agent's recity and address of the person(s) who have and Address:  SFII, LLC  1114 Ave of the Americas New York, NY 10036  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is  Title or Capacity:  Secretary  duly authenticated by the offi	to act in this capacity. I further agree of my duties, and I am familiar with Roxanne Turner Asst. Vice Presider stare:  Name and Address:  Geoffrey M. Dugan  One Sansome Street, 30F1  San Francisco, CA 94104  cial having custody of records in the	

Typed or printed name of signice

Geoffrey M. Dugan, Authorized Person

Page 1



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

DELAWARE, DO HEREBY CERTIFY "3500 NW 24TH ST. GROUND 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 TWENTY-SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3500 NW 24TH ST.

GROUND OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D.

2018.

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

Authentication: 202745674

Date: 05-22-18