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Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845) 425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company **SC 8955 II LLC**

Certificate of Status	0	
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1. (....

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
2. DE	high foreign firnited liability company is organized)	3. (PEl number, il	applicable)
(s de elementant annual and lare at an	, , , , , , ,		
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)	<del></del>
261 Madison Avenue,		6. 261 Madison Avenue, 27th Flo	oor
(Street Address of F	Fincipal Office)	(Mailing Address)	
New York, NY 10016		New York, NY 10016	<del></del>
			<u> </u>
			= }
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	1
Name:	Veorp Services, LLC		3
Office Address:	5011 South State Road 7, Suite 106		7
Office Additions	Davie		C.
	(CxX)	, Florida 33314 (Zip code)	زن <u>ث</u>
	(Registered agent's	-	
<ol> <li>The name, title or caps <u>Title or Capacity:</u></li> </ol>	acity and address of the person(s) who had Address:	Title or Capacity:	Name and Address:
Manager	ASRR Surfside JV LLC		
	261 Madison Ave. 27th Floor New York, NY 10016	<u> </u>	
	New York, NY (0010	<b>-</b>	· · · · · · · · · · · · · · · · · · ·
	<u>-</u>		
		:	
(Use attachments if neces	usary)		
•	e of existence, no more than 90 days old,	duly authenticated by the official havir	le custody of records in th
urisdiction under the law	of which it is organized. (If the certifica	te is in a foreign language, a translation	of the certificate under or
of the translator must be s			
10. This document is exec	outed in accordance with section 605.020	3 (1) (b), Florida Statutes. I am aware ti nird degree felony as provided for in s.8	nat any false information 17.155, P.S.
10. This document is exec		(3 (1) (b), Florida Statutes. I am aware third degree felony as provided for in s.8	nat any false information 17.155, P.S.
10. This document is exec	cuted in accordance with section 605.020 to the Department of State constitutes a th	(3 (1) (b), Florida Statutes. I am aware the nird degree felony as provided for in s.8 c of an authorized person	nat any false information 17.155, F.S.
of the translator must be s  10. This document is executed in a document to the submitted in	cuted in accordance with section 605.020 to the Department of State constitutes a th	nird degree felony as provided for in s.8	nat any false information 17.155, F.S.

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SC 8955 II 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 SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SC 8955 II LLC"
WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2016.

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

at corp delaware cov/auti

Authentication: 203021918

Date: 07-06-18

6014392 8300

SR# 20185544401