Florida Department of State

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Foreign Limited Liability Company CAUSEWAY SQUARE LLC

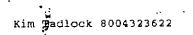
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COVER LETTER

r Q :	Registration Section Division of Corpor							
SUBJE		SQUARE LLC						
		Name of	Limited Liability Co	mpany				
l'he en Exister	iclosed "Application b nce, and check are sub	y Foreign Limited Liability Comp mitted to register the above refere	pany for Authorizati enced foreign limite	on to Tran d liability	sact Business in Florida," Certificate c company to transact business in Florid	ſ 1.		
Please	return all corresponde	ence concerning this matter to the	following:					
	Manuel A	. Fernandcz, Esq.						
		N	ame of Person					
	Kasowitz	Benson Torres LLP						
	 	F	irm/Company					
	1441 Brio	1441 Brickell Avenue, Suite 1420						
			Address					
	Miami, F	lorida 33131						
		City/S	State and Zip Code					
	itauber@ta							
		E-mail address: (to be use	d for future annual	report noti	fication)			
For fu	orther information con-	cerning this matter, please call:						
	Marlene James Name of Contact Person		786	587-105				
			Area Code	Dayı	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 5327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations on Section uilding cutive Center Circle			
Enclo	sed is a check for the \$125.00 Filing		□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLOADA.		
. CAUSEWAY SQUAR	E LLC Limited Liability Company; must include "Limited Liability Company; must include "Limited Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "L	ted Lightley Comments " "T. F.C. " or " [F.C. ")	
(Name of Poreign	Limited Elability Company; must include Lim	acd trading company, the co., or too.	
Ill many amovailable, color afternate to	ame adopted for the purpose of transacting business in	Surids. The alternate name must include "Limited Liability Company," "	LL C," or "LLC.";
2. Delaware		3. 57-1156940	
2. Delawate [Jurisdiction under the law of wi	high foreign limited liability company is organized)	(FEI number, if applicable)	
4	(Date first transacted business in Florids, if prior	to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to dete	imine panalty liability)	s 20
5 1801 NE 123 Street, S	uite 300	6. 1801 NE 123 Street, Suite 300 F	7
(Sireci Address of I	Podupat Office)	North Miami, Florida 33181	≈ ∽ ∽ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
North Miami, Florida	33181		
,		<u> </u>	2 8 -
		III III III III III III III III III II	
7. Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	육 로 📛
	Irwin E. Tauber	,_·	ω \perp \mathbf{O}
Name:			8: 1
Office Address:	1801 NE 123 Street, Suite 300		
	North Miami, Florida	Crasia, 33171	
	(City)	, Florida 33171 (Z/p code)	
Registered agent's accep	stance.	of process for the above stated limited liability con	
ana accept the obligation	as of my position as registered agent.		
	(Registered ego	n's signaturo)	
9. The same tillers can	pacity and address of the person(s) who	has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity: Name an	d Address:
Pres	Irwin E. Tauber		
	1801 NE 123 ST		
	Miami: FL 33181		
		·	
			
(Use attachments if nece	essary)		
		ld duly authenticated by the official having custod	v of records in the
9. Attached is a certificat	e of existence, no more than 90 days of which it is organized. Of the certif	ld, duly authenticated by the official having custod icate is in a foreign language, a translation of the co	ertificate under outh
of the translator must be	submitted)	1	
	/ \	and the second s	den information
10. This document is exe	cuted in accordance with section 600.	1203 (1) (b), Florida Statutes. I am aware that any fe third degree felony as provided for in s.817.155, I	F.S.
submitted in a document	to the Department of State constituting		
	Sign	core of an authorized person	
	Irwin E. Tauber		
		ed or printed mene of signer	

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CAUSEWAY SQUARE 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAUSEWAY SQUARE LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

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

7053811 8300 SR# 20186633686

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSOS

Authentication: 203412522

Date: 09-13-18