Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SPCTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.

COMPANY TO TRANSACT BU	SINESS INTHE STATE OF FLORIDA		
, North Landerdale 498 (Owner, LLC		
(Nume of Fore	ign Limited Liability Company, must include "Li	nuted Liability Company," "L.L.C.," or "L	LC!")
(If name unavailable, enter al Liability Company," "L.L.C,"	iternate name adopted for the purpose of transpotin	g business in Florida. The atternate name t	nust include "Limited
2 Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	(Date firs; transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	If prior to registration.) determine penalty liability;	
5. 645 Madison Avenue			
New York, NY 10022	(Street Address of Principal Offi	(n)	- 3
645 Madicon Avenue	·		= 17
6. 645 Madison Avenue			
New York, NY 10022			١
	(Mailing Address)		, i
7. Name and street address	ss of Fiorida registered agent; (P.O. Box <u>NO</u>	<u>) l'</u> acceptable)	> り
Name:	CT Corporation System		ڼ
Office Address:	1200 South Pine Island Road		22
	Plantation	, Florida 33324 (Zip code)	37
	(City)	(Zip code)	
this application I hereby	egistered agent and to accept service of proce accept the appointment as registered agent statutes relative to the proper and complete	und agree to act in this capacity. I fin performance of my duties, and I am fi	ther agree to comply
	(Registered agent's		
	acity and address of the person(s) who has/ha acison Avenue, New York, NY 10022	ve authority to manage is/are:	
Keith Rosenthal, MGR, 6	n45 Madison Avenue, New York, NY 10022		
jurisdiction under the law of the translator must be s This document is execute.	s of existence, no more than 90 days old, duly of which it is organized. (If the certificate is submitted) Signature of an authority of the Department of State constitutes a third design of the state	in a foreign language, a translation of this ized person Florida Statutes. I am aware that any fi	ne certificate under oath
	Ron Orgel		
	Typed or printed name	of signed	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORTH LAUDERDALE 408 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 EIGHTH DAY OF OCTOBER, A.D. 2018.

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

TI OCT -8 / 5:22

7087423 8300

SR# 20187038714
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bufface, Bacestary of State

Authentication: 203570102

Date: 10-08-18