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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida. 32312 (850) 656-4724

|                                      | **WALK II  |
|--------------------------------------|--|
| ENTITY NAME                          | 1585 NORTH LAKE LLC  |
|                                      |  |
| DOCUMENT NUMBI                       | CR   |
|                                      | **PLEASE FILE THE ATTACHED AND RETURN**                          |
|                                      | Plain Copy   |
| xx                                   | Certified Copy   |
|                                      | Certificate of Status  |
|                                      |  |
|                                      | Certified Copy of Arts & Amendments Certificate of Good Standing |
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| COUNTRY OF DESTI<br>NUMBER OF CERTIF | **APOSTILLE' / NOTARIAL CERTIFICATION**                          |

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter abernate m   | ame adopted for the purpose of transacting business  | in Florids. The alterna  | ce resme must include "Lunited Loat   | ntity Company," "L.L.C," or "LLC ")  |
|--|--|--|---|--|
| Delaware   |  | _  |   |  |
|  | nich foreign limited liability company is organized;   | _ 3  | (FEI numb   | er, if applicable)   |
| Unan filing  |  |  |   |  |
| Upon filing  | (Date first transacted business in Florida, if p<br>(See actions 603.0904 & 603.0905, F.S. to  | mor to registration.)  | intri)  | <del></del>  |
| 15 W 38th Street, 12th   | Floor, New York, NY 1001   |  | ) Box 4472, New York, I   | NY 10163   |
| (Street Address of F   |  | <b>v</b>   | (Mathing Add  |  |
|  |  | _  |   |  |
|  |  |  |   |  |
| Name and street address  | ss of Florida registered agent: (P.O.  | Box NOT acco   | entable)  | 구 등  |
| Traine and grayer money.   | -  |  |   | 50 85<br>50 85   |
| Name:  | United Corporate Services, Inc.  |  |   | 现了   |
| Office Address:  | 9200 South Dadeland Blvd Suite   | e 508  |   | SSI F  |
|  | Miami  |  | , Florida <u>33156</u>  |  |
|  | (City)   |  | (Zap cod  | <del>o</del> Po  |
| comply with the provis   | nion, I nereoy accept the appointmions of all statutes relative to the pies of my position as registered agen  | roper and comp   | d agent and agree to act<br>lete performance of my<br>V. PULLOC   |  |
| comply with the provis   | ions of all statutes relative to the pi<br>is of my position as registered agen<br>MULLOUL f   | roper and comp   | lete performance of my  | duties, and I am familiar w  |
| o comply with the provise<br>and accept the obligation   | ions of all statutes relative to the pi<br>is of my position as registered agen<br>MULLOU f<br>(Registered   | roper and comp<br>I.<br>BW<br>agent's signature  | lete performance of my  | duties, and I am familiar w  |
| o comply with the provise<br>and accept the obligation   | ions of all statutes relative to the pi<br>is of my position as registered agen<br>MULLOUL f   | roper and comp<br>it.  BAN<br>agent's signature t<br>the has/have aut  | lete performance of my  | duties, and I am familiar w  |
| o comply with the provise<br>nd accept the obligation<br>3. The name, title or cap   | ions of all statutes relative to the pi<br>is of my position as registered agen<br>(Registered)<br>acity and address of the person(s) w  | roper and comp<br>it.  BAN<br>agent's signature t<br>the has/have aut  | hority to manage is are:  | duties, and I am familiar w  |
| o comply with the provised accept the obligation  3. The name, title or caparity:  | acity and address of the person(s) w  Name and Address:  Channel RE LLC  PO Box 363866   | roper and comp<br>it.  BAN<br>agent's signature t<br>the has/have aut  | hority to manage is are:  | duties, and I am familiar w  |
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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1585 NORTH LAKE 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 SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1585 NORTH LAKE LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2018.

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

Authentication: 203827216

Date: 11-02-18

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