

ME000011494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

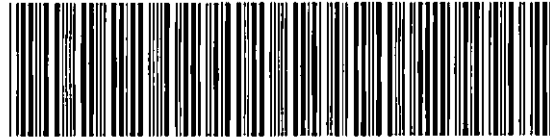
(Business Entity Name)

(Document Number)

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2010 DEC 20 P 10:38 18 DEC 20 AM 10:12  
STATE FILING OFFICE  
TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 21 2010

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 551695 5168766

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 19, 2018

ORDER TIME : 12:59 PM

ORDER NO. : 551695-010

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: PONCE NH 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: \_\_\_\_\_

FILED  
2018 DEC 20 P 10:38  
STATE OF FLORIDA  
TALLAHASSEE, FL

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:

1. Ponce NH LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. 83-2876231  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. upon qualification  
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1999 Old Moultrie Rd. 6. 4042 Park Oaks Blvd., Suite 300  
(Street Address of Principal Office) (Mailing Address)  
St. Augustine, FL 32086 Tampa, FL 33610

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Roxanne Turner  
Corporation Service Company  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Mordecai Rosenberg</u> <u>152 W 57th St., 60th Fl.</u> <u>New York, NY 10019</u>	<u>Secretary</u>	<u>Lisa Schwartz</u> <u>152 W 57th St., 60th Fl.</u> <u>New York, NY 10019</u>
<u>Vice President / CFO</u>	<u>Jacqueline Price</u> <u>4042 Park Oaks Blvd. Ste 300</u> <u>Tampa, FL 33610</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lisa Schwartz  
Signature of an authorized person

Lisa Schwartz

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PONCE NH 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 NINETEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PONCE NH LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2018.

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

FILED  
2018 DEC 20 P 10:38  
JEFFREY W. BULLOCK  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

7192459 8300

SR# 20188263204

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204141465

Date: 12-19-18