# 11190002572

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
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	(Document Number)					
	Codified Cooler					
Special Instructions to Filing Officer:	Certified Copies Certificates of Status					
Special Instructions to Filing Officer:						
Special Instructions to Filing Officer:						
	Special Instructions to Filing Officer:					

Office Use Only



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3/18/19/05

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 685915 8136031

AUTHORIZATION

COST LIMIT : \$425..00

ORDER DATE: March 14, 2019

ORDER TIME : 3:39 PM

ORDER NO. : 685915-030

CUSTOMER NO: 8136031

#### FOREIGN FILINGS

NAME: G&I IX 2300 DISCOVERY DRIVE

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: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO:	: Registration Section Division of Corporations						
SUBJE	G&1 IX 2300 Discovery Drive LLC BJECT:						
Name of Limited Liability Company							
	enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in stence, and check are submitted to register the above referenced foreign limited liability company to tran						
Please a	ase return all correspondence concerning this matter to the following:						
	Indira Negron						
	Name of Person						
DRA Advisors LLC							
	Firm/Company						
	220 East 42nd Street, 27th Floor	2615					
Address							
	New York, New York 10017	·					
City/State and Zip Code							
	inegron@draadvisors.com	ج جارت ر					
	E-mail address: (to be used for future annual report notification)	2					
For furt	further information concerning this matter, please call:						
	Indira Negron 212 697-4740						
	Name of Contact Person Area Code Daytime Telephone N	lumber					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CirTallahassee, FL 32301	cle					
Enclose	losed is a check for the following amount:  \$\Bigsiz\$ \$125.00 \text{ Filing Fee} \Bigsiz\$ \$\$130.00  Filing Fee & Bisson Filing Fee & Bisson Filing Fee & Bisson Bisson Bisson Filing Fee & Bisson Bisso	ng Fee, Certificate tified Copy					

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SINESS INTHE STATE OF FLORIDA:		
1. G&I IX 2300 Discovery		ide "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.		ansacting business in Florida. The alternate r	name must include "Limited
2. Delaware			
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicab	ole)
company is organized) upon filing			
4. <u>upon ming</u>	(Date first transacted business in F (See sections 605.0904 & 605.0905,	Florida, if prior to registration.)	<del></del>
5. c/o DRA Advisors LLO	C, 220 East 42nd Street, 27th Floor, No		
			-
- · · · · · · · · · · · · · · · · · · ·	(Street Address of Princip	·	<del></del>
6. c/o DRA Advisors LLC	C, 220 East 42nd Street, 27th Floor, Ne	w York, NY 10017	
	(Mailing Addres	is)	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Corporation Service Company		- 34
Office Address:	1201 Hays Street	·	<u> </u>
	Tallahassee	, Florida 32301	π
	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent.  Corporation Service Company  By:	f process for the above stated limited lic as registered agent and agree to act in ir and complete performance of my dut EMILY CION ASST. Vice President gont's signature)	this capacity. I further agree
8. The name, title or capa	icity and address of the person(s) who	has/have authority to manage is/are:	
Jason Borreo, Vice Presiden	it, c/o DRA Advisors LLC, 220 East 42nd 5	Street, 27th Floor, New York, NY 10017	
	of which it is organized. (If the certific	l, duly authenticated by the official havinate is in a foreign language, a translation	
		1) (b), Florida Statutes. I am aware that a hird degree felony as provided for in s.8	

Typed or printed name of signee

Anne Kunz

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "G&I IX 2300 DISCOVERY DRIVE 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 FIFTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G&I IX 2300 DISCOVERY DRIVE LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2019.

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

Jeffrey W. Buflock, 1

Authentication: 202449438

Date: 03-15-19

7326120 8300 SR# 20192005021