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

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	ACCOUNT NO.	:	1200000001	95	TALLA	-71
	REFERENCE	:	720757	5168766	HPR 10	F
	AUTHORIZATION	:	Intelle	nan	P. D	
	COST LIMIT	:	\$ 125.00		5.4	
ORDER DATE :	April 9, 2019				ິດຕ ິດ ັ	
ORDER TIME :	9:37 AM					
ORDER NO. :	720757-010					
CUSTOMER NO:	5168766					
				- -		

FOREIGN FILINGS

NAME: PINELLAS PALMS 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: Lydia Cohen -- EXT# 62974

EXAMINER:

TO: Registration Section Division of Corporations

Pinellas Palms NH LLC

SUBJECT: _

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Name of Limited Liability Company

-

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence c	oncerning this matter to the f	ollowing:		Zer 1	
Jacqueline Price	5				a 11
	Na	me of Person		NSS N	
Pinellas Palms	NH LLC			ـــــــــــــــــــــــــــــــــــــ	
	Fir	m/Company			يت ک
4042 Park Oaks	s Blvd., Suite 300			ति ५ २२	ថា
		Address			
Tampa, FL 336					
	City/St	ate and Zip Code			
asaullo@greyco.					-
	E-mail address: (to be used	for future annual	report notif	fication)	
For further information concernin	g this matter, please call;				
Andrea Saullo		212 at (649-970	0	_
Name	of Contact Person	Area Code	Dayt	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: D \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fec &	□ \$160.00 Filing Fee, C of Status & Certified Co	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pinellas Palms NH LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name	e adopted for the purpose of transacting business in Florida."			iability Cor	прапу," "L.I	C," or "1	.L.C.")
2. Delaware		3	83-4350303				
(Jurisdiction under the law of which	foreign lunited liability company is organized)	(FEI number, if applicable)			_		
4. upon qualification							
4, <u></u>	(Date first transacted business in Florida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine pe	tration)	hilin.)				
			4042 Park Oaks Blvd., Si	uite 300			
5. 4042 Park Oaks Blvd., S (Street Address of Prin		6.	(Mailing Ac				
Tampa, FL 33610	cipar Ornee)		Fampa, FL 33610	1			
Tampa, r.L. 55010		-			27.72	ic'i	- 11
		_	<u></u>		<u>11111</u>	· <u>ŏ</u>	
					SS-	5	1
2 Nome and street address (of Florida registered agent: (P.O. Box <u>N</u>	OT a	ceptable)		m-<	~	m
		<u></u>	····			υ	
Name:	Corporation Service Company					ې	$\mathbf{\nabla}$
					5	т. #Т	
Office Address:	1201 Hays Street				Ē.	ۍ ا	
	Tallahassee		, Florida <u>32301</u>				
-	(City)		, 1 101100(Zip c	ode}	•		
Registered agent's accepta	nce:						
Having been named as soci	stered agent and to accept service of pro-	cess f	or the above stated limit	ed liabil	lity comp	any at	the place
decion and in this application	on. I hereby accept the appointment as re	eviste	red agent and agree to a	ct in thi	s capaci	ŋ. <i>1 ји</i>	riner agre
to comply with the provision	ns of all statutes relative to the proper an	d con	nplete performance of m	y auties	, and I a	m jam	ular wiin
and accept the obligations of	of my position As registered agent.		Lydia Colle	211			
(Corporation Service Company		Asst. Vice Presid	Jen			
<u>-</u>	By: (Registered agent's sign	ature)			-		
8. The name, title or capac	ity and address of the person(s) who has/h	nave a	uthority to manage is/are	:			
Title or Capacity:	Name and Address:	Ti	le or Capacity:	Na	me and	Addres	<u>55:</u>
President	Mordecai Rosenberg	Sc	cretary	Li	sa Schwa	artz	
Flesiden	152 W 57th St., 60th Fl.	_		15	2 W 57t	h St., 6	Dth Fl.
	New York, NY 10019			Ne	w York	<u>NY 10</u>	019
Vice President / CFO	Jacqueline Price		······································			_	
	4042 Park Oaks Blvd. Ste 300						

(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.

15 Jack	This as the	
C on t	Signature of an authorized person	
Lisa Schwartz		

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINELLAS PALMS 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 NINTH DAY OF APRIL, A.D. 2019. с, р

5 AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINELLAS PALMS TI. NH LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2019. $\overline{\mathbf{a}}$

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



Authentication: 202610262 Date: 04-09-19

Page 1

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SR# 20192697176 You may verify this certificate online at corp.delaware.gov/authver.shtml