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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmler@alaps.com

Foreign Limited Liability Company
Mezza GP LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (1), Page Count (03), and Estimated Charge (\$160.00).

2019 APR 23 PM 4:50

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4-23-19
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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. Mezza GP 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

(Jurisdiction under the law of which foreign limited liability company is organized)

83-4504605

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4890 W. Kennedy Blvd., Suite 240

Tampa, FL 33609

(Street Address of Principal Office)

6. 4890 W. Kennedy Blvd., Suite 240

Tampa, FL 33609

(Mailing Address)

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

Name: James G. Miller

Office Address: 4890 W Kennedy Blvd., #240

Tampa, Florida 33609

(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.

(Registered agent's signature)

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

Joseph G. Lubeck, Manager of American Landmark III LLC, the sole member of EMIF II Management, LLC, the sole member of Mezza JV GP LLC, the general partner of Mezza JV LP, the sole member of Mezza GP LLC;

4890 W. Kennedy Blvd., Suite 240, Tampa, FL 33609

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.)

Signature of an authorized person

This document is executed in accordance with section 605.0207 (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.

Joseph G. Lubeck, Manager

Typed or printed name of signer

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Handwritten notes and stamps on the right side of the page, including a date stamp 'APR 23 2019 11:45'.

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEZZA GP 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 TWENTY-SECOND DAY OF APRIL, A.D. 2019.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20193053582

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

Authentication: 202688186

Date: 04-22-19

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