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|-------|--|--------------------------|
| To: | Division of Corporations Fax Number : (850)617-6383 | 3 20 PH |
| From: | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 | 4: 16 Shali Corida |

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

Foreign Limited Liability Company 655 West 52 Avenue LLC

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AU621 2019



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

IN COMPLIANCE WHITESECTION 605.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Poreign t | | Liability Company," "L.L.C.," or "I | | |
|--|--|--|--|------------------------|
| | | | | 20 |
| ime uravailable, enter alternate na | ime adopted for the purpose of transacting business in Flor | lida. The alternate name must include "Lim | ned List finy Compa | ny CELL C." or "[LLC") |
| | | 84 2780210 | | |
| elaware | | 3 | fit number, if applica | <i>19.11.</i> 2 |
| Humbirson under the law of wh | uch feweigs, limited liability company is organized) | ,,, | El number, ([aphlica ()) ()) ()) | P III |
| | A Company of the Comp | 101.05.6 | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 6904 & 605,0905, F.S., to determ | se yeasty fability) | · 'S | - |
| 15 Reservoir Road | | 15 Reservoir Road | 40,40 | ر. م |
| (Street Address of P | imapil Office) | (Vial | ing Address) | |
| Wnite Plains, NY 106 | 30.5 | White Plains, NY 10 | 0605 | |
| <u> </u> | | | | |
| Name and street addres | ss of Florida registered agent: (P.O. Box | . <u>NOT</u> acceptable) | | |
| | S of Florida registered agent: (P.O. Box | NOT acceptable) | | |
| Name: | | . <u>NOT</u> acceptable) | | |
| | C T Corporation System | | | · |
| Name: | C T Corporation System | 3333 | | |
| Name: | C T Corporation System 1260 South Pine Island Road | 3333 | 2-4 f/ip codes | |
| Name: | C T Corporation System 1260 South Pine Island Road | 3333 | | |
| Name: Office Address: egistered agent's accepaying been named as resignated in this applications of the provision of the prov | C T Corporation System 1260 South Pine Island Road Plantation | Florida | (Gp code) limited liability to act in this | cupucity. Training |
| Name: Office Address: egistered agent's accepaying been named as resignated in this applications of the provision of the prov | C T Corporation System 1260 South Pine Island Road Plantation (Coy) chance: egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the prope. | Florida | (Tip code) limited liability to act in this of my duties. | cupucity. I janine |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|------------------------|--------------------|-----------------------|
| Manager | Name: | . Manager | Name: Adam Reich |
| Member | Reich Bros, LLC | · Member | Address: |
| | 15 Reservoir Road | X Authorized | 10618 Pico Blvd |
| Person | White Plains, NY 10603 | Person | Los Angeles, CA 90064 |
| Other | Other | []Other | |
| | · | | 20 TASSE |
| □Manuger | Name: | Manager Manager | Name: (7) |
| Member | Address: | Member | Address: |
| Authorized | | Authorized | <u> </u> |
| Person | | Person | |
| Other | Other | Other | Other |
| • | | | |
| Manager | Name: | Manager | Name: |
| Member | Address: | Momber | Address: |
| []Authorized | | Authorized | |
| Person | | Person | |
| Other | Other | Other | Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 fellony as provided for in s.817.155, F.S.

| | Signature of an potherized person | | |
|----------------|-----------------------------------|--|--|
| Jonathan Reich | | | |
| · | Typed in parated mante of signer | | |

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "655 WEST 52 AVENUE 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 TWENTIETH DAY OF AUGUST, A.D. 2019.

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



7567110 8300

SR# 20196607110

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

Authentication: 203438656

Date: 08-20-19