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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certific | cates of Status |
| Special Instructions | to Filing Officer | |
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EKINSEY NIB28 NIB CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 898656 5012771

AUTHORIZATION : (

COST LIMIT : \$ 125-00

ORDER DATE : August 27, 2019

ORDER TIME : 12:59 PM

ORDER NO. : 898656-025

CUSTOMER NO: 5012771

FOREIGN FILINGS

NAME: 5750 GULF BLVD. CR LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

Alejandro Moreno

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:

| | Limited Liability Company; must include "Li | | | | |
|--|---|--|---|--|--|
| (If name unavailable, enter alternate n | same adopted for the purpose of transacting business t | n Florida. The alternate name | must include "Limited Lia | ability Compan | y," "L.L.C," ot "LLC.") |
| 2 Delaware | | 3. | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI num | iber, if applicat | ole) |
| upon registration | | | | | |
| 4. <u></u> | (Date first transacted business in Florida, if pro (See sections 605 0904 & 605 0905, F.S. to de | or to registration.) | | | |
| 5 40 West 57th Street, 2 | | | | | 20 |
| (Street Address of I | Principal Office) | 6 | (Mailing Add | dress) | 2019 |
| New York, New York | 10019 | | | ,- | <u> </u> |
| | | | | | ∵;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| : | - | | | : | |
| 7 Nama and street address | ss of Florida registered agent: (P.O. I | Day MOT againtable | a) | | 章 门 |
| 7. Name and <u>street addres</u> | | 30x NOT acceptable | () | - | |
| Name: | Corporation Service Company | | | | AH 11: 21 |
| Office Address: | 1201 Hays Street | | | | £ |
| | Tallahassee | | n 32301 | | |
| | (City) | , , l | Florida 32301 | da) | |
| lesignated in this applica o comply with the provisi | gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the pro- s of my position as registered agent. Comporation Service Company | it as registered agen | it and agree to aci | in this ca duties, an Roxan | pacity. I further |
| designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capa | tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. Corporation Service Company By: (Registered agent) (Registered agent) | nt as registered agen per and complete pe ent's signature) o has/have authority | nt and agree to act erformance of my to manage is/are: | in this ca duties, an Roxan Asst. Vio | pacity. I further d I am familiar w ine Turner ce President |
| designated in this applicate comply with the provisionand accept the obligation. 8. The name, title or capa Title or Capacity: | tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. Corporation Service Company By: (Registered agenties and address of the person(s) who Name and Address: | nt as registered agen per and complete pe ent's signature) | nt and agree to act erformance of my to manage is/are: | in this ca duties, an Roxan Asst. Vio | pacity. I further d I am familiar w nne Turner |
| designated in this applica to comply with the provisi and accept the obligation. 8. The name, title or capa | tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. Corporation Service Company By: (Registered agent) (Registered agent) Active and address of the person(s) who Name and Address: Gulf Blvd Entity | nt as registered agen per and complete pe ent's signature) o has/have authority | nt and agree to act erformance of my to manage is/are: | in this ca duties, an Roxan Asst. Vio | pacity. I further d I am familiar w ine Turner ce President |
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| lesignated in this applica o comply with the provisi and accept the obligation. 8. The name, title or capa Title or Capacity: | cition, I hereby accept the appointment ions of all statutes relative to the properties of my position as registered agent. Corporation Service Company By: (Registered agencity and address of the person(s) who Name and Address: Gulf Blvd Entity Manager, LLC c/o 1754 Properties LLC | nt as registered agen per and complete pe ent's signature) o has/have authority | nt and agree to act erformance of my to manage is/are: | in this ca duties, an Roxan Asst. Vio | pacity. I further d I am familiar w ine Turner ce President |
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| designated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: Manager (Use attachments if necessity: Attached is a certificate jurisdiction under the law | corporation, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Corporation Service Company By: (Registered agencity and address of the person(s) who Name and Address: Gulf Blvd Entity Manager, LLC c/o 1754 Properties LLC 1825 Main Street Weston, Florida 33326 sary) of existence, no more than 90 days of which it is organized. (If the certifications of the properties of the person of the person (s) who have a properties agency agency and address: | nt as registered agen per and complete pe cont's signature) to has/have authority Title or Ca | at and agree to accept formance of my to manage is/are: apacity: d by the official ha | n this ca duties, an Roxan Asst. Vio | pacity. I further d I am familiar wane Turner ce President and Address; |
| 8. The name, title or capa Title or Capacity: Manager (Use attachments if necession under the law of the translator must be set 10. This document is exected. | corporation, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. Corporation Service Company By: (Registered agencity and address of the person(s) who Name and Address: Gulf Blvd Entity Manager, LLC c/o 1754 Properties LLC 1825 Main Street Weston, Florida 33326 sary) of existence, no more than 90 days of which it is organized. (If the certifications of the properties of the person of the person (s) who have a properties agency agency and address: | at as registered agen per and complete per cont's signature) to has/have authority Title or Ca Id. duly authenticate feate is in a foreign la 203 (1) (b). Florida 3 | t and agree to acceptormance of my to manage is/are: upacity: d by the official had anguage, a translate | Name: | pacity. I further d I am familiar wane Turner ce President and Address: ody of records in the certificate under the certificate un |

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "5750 GULF BLVD. CR 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-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5750 GULF BLVD.

CR LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.

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

Authentication: 203481156

Date: 08-27-19