| To: FL DIVISION CF CORF Division of (| | 1 of 3 2019-12-0 | 09 14:57:02 (GMT) |) | 18886118813 | From: Vcorp Services, LLC Page 1 of 2 |
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| | ΨС: | Division of Co Fax Number | prporations : (050)617- | 6383 | FLORIDA | |
| | From: | Account Name Account Number Phone Fax Number | : VCORP SER : 120080000 : (845)425- : (845)£18- | 067 0077 | | |
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Electronic Filing Menu Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTORIZATION TO TRANSACT BUSINESS ${\bf t}_{\rm s}$ **IN FLORIDA**

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSICT BUSINESS IN THE SEATE OF FLORIDA:

| Lake | Forest | Park | Ún. | Cσ | LL | C |
|------|--------|------|-----|----|----|---|
| | | | | | | |

| Delaware (Jurisdiction under the law of which for | eign limited liability company is organized) | 3. | | number, if a | | | |
|---|---|--------------|-------------------------|------------------|------------|-----|----------|
| (Jurisdiction under the law of which for | eign limited liability company is organized) | | | | | | _ |
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| Upon Filing | | | | | | | |
| í | Date first transacted business in Horida, if prior in See sections 605,0004 & 605,0005, F.S. to determ | registration | () babihiy) | | - | | |
| 551 5th Avenue, Stc 2500 | | 6 | 551 5th Avenue, Ste 2 | 500 | | | |
| 551 5th Avenue, Sic 2500 (Street Address of Principa | d Office) | · · · | (Mailn | ng Address) | | | |
| New York, NY 10176 | | | New York, NY 10176 | | 1 | | |
| | | | | | 20 | ē | |
| | | | | | | | <u> </u> |
| | | | | | AHA | E | |
| Name and street address of I | Florida registered agent. (P.O. Boy | <u>NOT</u> | acceptable) | | AS | C - | |
| N. Ve | orp Services, LLC | | | | SET. | ف | ſ |
| Name: <u>ve</u> | | | | | Πc | PX | Π |
| Office Address: 501 | 11 South State Road 7, Suite 106 | | | | | | f - |
| | • | | | t | LORIDA | f: | |
| Da | wie | | , Florida <u>3331</u> 4 | (ip.code) | -5- | 5 | |
| | (Cuv) | | | | | | |

| | (Registered ngent) | 's signature) | |
|---|---|---|-------------------|
| The name, title or capacity and Title or Capacity: | address of the person(s) who b <u>Name and Address:</u> | has/have authority to manage is/are: <u>Title or Capacity:</u> | Name and Address: |
| Anthorized Representative | Michael Roshanzamir 551 5th Avenue, Ste 2500 New York, NY 10176 | | |
| | | | |

(Use attachments if necessary)

 \mathbf{S}

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.

| Produle |
|-----------------------------------|
| Signature of an authorized person |

Rence Luke, Authorized Person

Typed or printed name of signee

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE FOREST PARK OF CO 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE FOREST PARK OP CO LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER A.D ف ~~ 2019. σ

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN 5 URID, ASSESSED TO DATE. ິຫ

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of State

Authentication: 204098889

Date: 11-27-19

7722132 8300

SR# 20198336919 You may verify this certificate online at corp.delaware.gov/authver.shtml