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Electronic Filing Menu Corporate Filing Menu

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-TIMITED HABILITY COMPANY TO TRAINACT BUSINENS IN THE STATE OF FLORIDA:

1 Glenbrooke Op Co LLC

| (it name unavailable, enter alternate n | ame adopted for the porpose of transacting business in Fle | stida. The alternate | name must include "Limited Liabilit | y Company," "L | LC," er ' | ulc h |
|--|---|----------------------|-------------------------------------|---|----------------|-------|
| 2. Delaware | | 3 | | | | |
| (Jurisdiction under the law of which foreign hented hability company is organized) | | | (FLI number, it applicable) | | | |
| 4 Upon Filing | | | | | | |
| | (Date first transic ted business in Florida, if prior to (See sections 605/0904 & 605/0905, F.S. to determ | | 3 | | | |
| 5. 551 5th Avenue, Ste 2. | 500 | 6, 551 | 5th Avenue, Ste 2500 | AIS | 20 | |
| (Street Address of Principal Office) | | | (Mailing Address | · – – – – – – – – – – – – – – – – – – – | 9 | |
| New York, NY 10176 | | New | · York, NY 40176 | 논음 | R | |
| | | | | ANAS | <u>.</u> | |
| | | | | 0000 | 6 | -1- |
| 2 Name and street address | ∞ of Florida registered agent: (P.O. Bo) | NOT moon | (abba) | HC EC | PH | ГТ |
| (Name and <u>Succi addres</u> | s of the funda registered agent. (130, 110) | (<u>1407)</u> accep | unite i | | | |
| Name: | Veorp Services, LLC | | _ | | . . | |
| | 5011 S | | | STATE | 5 | |
| Office Address: | 5011 South State Road 7. Suite 106 | | _ | Þ. | 0. | |
| | Davie | | , Florida <u>33314</u> | | | |
| | (City) | | (Zip conte) | | | |

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)

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------------|--|--------------------|-------------------|
| Autobieth Representative | Michael Roshanzamir | | |
| | 551 5th Avenue, Ste 2500 New York, NY 10176 | | |
| | | | |
| | <u></u> | <u></u> | |

(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.

| Rectine | - , |
|-----------------|---------------------|
| Signature of an | sufficienced person |

Rence Luke, Authorized Person-

Typed or printed mane of signee-



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The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLENBROOKE OP 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 "GLENBROOKE OF CO LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D 2019 AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE REEN ASSESSED TO DATE.

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Authentication: 204098808

Date: 11-27-19

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SR# 20198336709 You may verify this certificate online at corp.delaware.gov/authver.shtml