

M 20000006546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

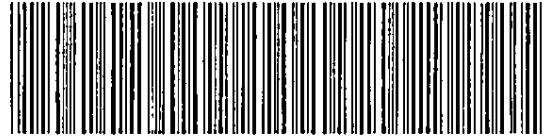
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JS
7/30/20



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 370017 7131809
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 130.00 ;

ORDER DATE : July 28, 2020
ORDER TIME : 11:33 AM
ORDER NO. : 370017-010
CUSTOMER NO: 7131809

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: GA NA 3 (MOUNT DORA FL) LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING ?

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GA NA 3 (MOUNT DORA FL) LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Raquel Mehlman
Name of Person

Reed Smith LLP
Firm/Company

599 Lexington Avenue
Address

New York, New York 10022
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. GA NA 3 (MOUNT DORA FL) 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) 3. _____ (FEI number, if applicable)

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

5. <u>c/o GreenAcreage Real Estate Corp.</u> <small>(Street Address of Principal Office)</small> <u>300 Park Avenue, 12th Fl.</u> <u>New York NY 10022</u>	6. <u>c/o GreenAcreage Real Estate Corp.</u> <small>(Mailing Address)</small> <u>300 Park Avenue, 12th Fl.</u> <u>New York NY 10022</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By: Corporation Service Company

(Registered agent's signature)

Amanda Robinson
 Asst. Vice President

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: Manager **Name and Address:** Name: GreenAcreage Operating
 Member Address: Partnership LP,
 Authorized 300 Park Avenue, 12th Fl.,
 Person NY, New York 10022
 Other Sole Member Other _____

Title or Capacity: Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 TALLAHASSEE, FLORIDA

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 felony as provided for in s.817.155, F.S.

Raquel Mehlman
 Signature of an authorized person

Raquel Mehlman
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GA NA 3 (MOUNT DORA FL) 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-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GA NA 3 (MOUNT DORA FL) LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2020.

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

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SECRETARY OF STATE
DOVER, DELAWARE




Jeffrey W. Bullock, Secretary of State

3333125 8300

SR# 20206460352

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

Authentication: 203365087

Date: 07-29-20