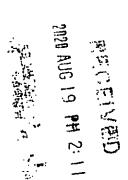
# MACCOCO

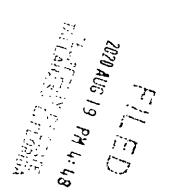
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800350685948







CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 392250 8113042

AUTHORIZATION : Squel

COST LIMIT : \$ 125.00

ORDER DATE : August 14, 2020

ORDER TIME : 11:23 AM

ORDER NO. : 392250-010

CUSTOMER NO: 8113042

#### FOREIGN FILINGS

NAME: CROSSINGS CAPE CORAL GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

#### COVER LETTER

TO:

lication by Foreign Limited Liability	e referenced foreign lir	y Company ization to Transact Business in Florida." Company to transact busine
ck are submitted to register the above rrespondence concerning this matter lanna Jamar	referenced foreign lir to the following:	mited liability company to transact busine
Ianna Jamar		2020 AL
	Name of Person	2020
Lincoln Avenue Capital	Name of Person	70
incoln Avenue Capital		
	Firm/Company	
80 5th Avenue, 17th Floor		
***	Address	2000年
New York, NY 10019		ÿ
•	City/State and Zip Cod	de
xi@lincolnavecap.com / hanna@l	lincolnavecap.com	
E-mail address: (to b	ne used for future annu	ual report notification)
tion concerning this matter, please ca	all:	
nar	646	585-5525
Name of Contact Person	Area Coo	de Daytime Telephone Number
f Corporations on Section 3327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	E-mail address: (to lation concerning this matter, please commar	City/State and Zip Conxi@tincolnavecap.com  E-mail address: (to be used for future annuation concerning this matter, please call:    Mame of Contact Person

### 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.

name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabili	lity Company," "E L.C," or "LLC
Delaware		3	. ~3
(Jurisdiction under the law of w	hich foreign lumited hability company is organized)	(FEI number	r il applicable)
Upon Filing			AUG I
	(Date first transacted business in Florida, if prior to t (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ne penalty hability)	
401 Wilshire Blvd. S		6. 401 Wilshire Blvd, Suite 1	
(Street Address of Principal Office)		(Mailing Addres	is)
Santa Monica, CA 90401		Santa Monica, CA 90401	∰. <b>∞</b>
			<u> </u>
Name and street address	ss of Florida registered agent: (P.O. Box  Corporation Service Company		
	ss of Florida registered agent: (P.O. Box		
Name and street address Name:	ss of Florida registered agent: (P.O. Box  Corporation Service Company		
Name and street address Name:	Corporation Service Company 1201 Hays Street	NOT acceptable)	

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: Jeremy S. Bronfman	Manager	Name:	
Member	Address: 401 Wilshire Blvd, Suite 1070,	☐ Member	Address: _	
Authorized	Santa Monica, CA 90401	Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	2020
Member	Address:	☐ Member	Address: _	3. 60
Authorized		Authorized		500 5
Person		Person		
Other	Other	Other		Other 5
□Manager	Name:	☐ Manager	Name:	
☐Member	Address:	☐ Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other	<del></del>	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 felony as provided for in s.817.155, F.S.

/s/ Hanna Jamar		
	Signature of an authorized person	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CROSSINGS CAPE CORAL GP 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 SEVENTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSSINGS CAPE

CORAL GP LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN CO.

ASSESSED TO DATE.

Authentication: 203481911

Date: 08-17-20

3451918 8300 SR# 20206780990

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