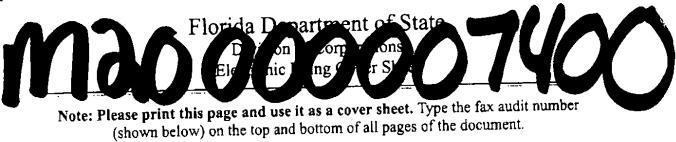
8/25/2020



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089 Phone

: (302)674-5266 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

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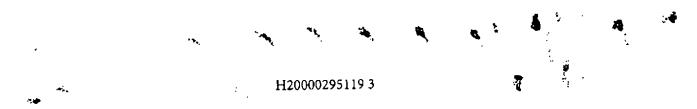
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

Delaware [Installation under the law of which foreign limited liability company is organized) [Dese first transacted burious in Florida, if prior to regard [See sections 605 0904 & 603,0905, F.S. to determine per 7 Chestnut Drive 5. (Street Address of Principal Office)	3	e mest include "Limited Lieb (FEI memb		r or °LLC.⊤)
(Junediction under the law of which foreign limited liability company is organized) 4. (Date first transacted buriness in Florida, if prior to region (See sections 605 0904 & 605,0905, F.S. to determine per 7. Chestnut Drive	večan.)	(FEI austi	eer, if applicable)	
(Date first transacted bursters at runtin, it price to regard (See sections 605 0904 & 605,0905; F.S. to determine per 7 Chestnut Drive	retion) maley liability)			
7 Chestaut Drive				
(On the Lawrence or complete a = 2		tnut Drive	rea)	
Great Neck, NY 11021	Great !	Neck, NY 11021		
7. Name and street address of Florida registered agent: (P.O. Box No.	OT acceptal	ole)	\$20 A	
NRAI Services, Inc.				, L
Office Address:			THE WAY	F = 1
Plantation (City)		33324 , Florida		- *

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.

NRAI Services, Inc. TINA LIPKO, WP By:

H200002951193

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address: Marc A. Hershberg Name:
Manager	Name:	Manager Manager	
Member	Address:	☐ Member	Address: 245 Walnut Street Englewood, NJ 07631
Authorized		★ Authorized	Englewood, 143 07031
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
☐ Authorized		Authorized	
—		Person	
Person Other	Clorker	Other	Other
,	Norma	☐ Manager	Name:
Manager	Name:		Address:
Member	Address:	Authorized	
Authorized		Person	
Person			F70.1
Other			
9. Attached is a ciurisdiction unde	: Use an attachment to report more than six als may be added to the index when filing your certificate of existence, no more than 90 days or the law of which it is organized. (If the cert must be submitted)	and duly authenticated by the	ne official having custody of records in th
	ant is executed in accordance with section 60 ocument to the Department of State constitute	5.0203 (1) (b), Florida Statute as a third degree felony as pro	es, 1 am aware that any false information vided for in s.817.155, F.S.
		constant of an authorized person	
	,	Whites of St services becan	

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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 "TOPAE GARDENS JAX BH 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-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOPAZ GARDENS JAX BH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.

Authentication: 203534512

Date: 08-25-20

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SR# 20206930520