

2/11/2021

Division of Corporations

M210000001646

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the FAX number (shown below) on the top and bottom of all pages of the document.

((H21000059403 3))



H210000594033ABCY

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 : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
222 LAKEVIEW MEZZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
2021 FEB 11 PM 3:18

SECRETARY OF STATE  
CORPORATION SERVICE DIVISION  
2021 FEB 11 AM 10:08

FILED

FEB 12 2021

M. SOLOMON

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

IN COMPLIANCE WITH SECTION 605.04, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 222 Lakeview Mezz LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP.")

All laws, regulations, and other matters were adopted for the purpose of transacting business in Florida. The above company must include "Limited Liability Company," "LLC," or "LLP."

2. Delaware PENDING
(State or other jurisdiction under the laws of which the foreign limited liability company is organized) 3. (FBI number, if applicable)

4. (State and zip code of principal office, if different from principal address)
(For sections 605.04(1)(b) and (1)(c), US tax treated as a resident)

5. 30 Hudson Yards, 72nd Floor New York, NY 10001
(Street Address of Principal Office) 6. 30 Hudson Yards, 72nd Floor New York, NY 10001
(Street Address)

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) (State)

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: [Signature]
Corporation Service Company
(Registered agent's signature)

FILED
2021 FEB 11 AM 10:08
DEPARTMENT OF STATE
CORPORATION SERVICES DIVISION

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: SMR Funding, L.P.	<input type="checkbox"/> Manager	Name: .....
<input checked="" type="checkbox"/> Member	Address: 30 Hudson Yards, 72nd Flr	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	New York, NY 10001	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: .....	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: .....	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	.....	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: .....	<input type="checkbox"/> Manager	Name: .....
<input type="checkbox"/> Member	Address: .....	<input type="checkbox"/> Member	Address: .....
<input type="checkbox"/> Authorized	.....	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

2021 FEB 11 AM 10:08  
 DEPARTMENT OF STATE  
 RECORDED  
 FILED

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.

*Richard O'Toole*

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "222 LAKEVIEW MEZZ 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 ELEVENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "222 LAKEVIEW MEZZ LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2021.

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

Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5061370 8300

SR# 20210418379

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202492058

Date: 02-11-21