## M21000000666

(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



200347721012

TATTATE STATEMENT SERVICES

FILED

21 MAR - 9 PM 2 37



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 696775 7232314

AUTHORIZATION : Symbolic Common authorization :

COST LIMIT : \$ 125.00

ORDER DATE : March 9, 2021

ORDER TIME : 11:54 AM

ORDER NO. : 696775-010

CUSTOMER NO: 7232314

FOREIGN FILINGS

NAME: URBAN BEACH E. BAY II 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: Alexxis Weiland -- EXT# 61592

EXAMINER:

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

IN COMPLANCE 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. Urban Beach E. Bay					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	ompany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida The alte	ernate name must include "Limited Liab	bility Company," "L.L.C," o	r"LLC.")
Delaware		2			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI number	r. if applicable)	
4				<b>1 3 3</b>	11
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration ) ic penalty liai	bdity)		-
1251 Avenue of the	Americas, 35th FLR		251 Avenue of the Ameri	cas, 35th:FLR	
5. (Street Address of Principal Office)		6	(Mailing Address)		
				FATE 150	
New York, NY 10020		N	ew York, NY 10020		_
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	reptable)		
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		32301 , Florida		
	(City)		. Florida(Zîp code)	<del></del>	
designated in this applica to comply with the provise	stance:  gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  Corporation Service Company  By:	registere ind comp	d agent and agree to act in	this capacity. I furties, and I am famil	rther agree
	(Registered agent's si	gnature)			

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: Title or Capacity: Name and Address: Name and Address: SNURPI Manager II, Inc. Name: \_\_\_\_SNURPI REIT II, Inc. ■ Manager □Manager 1251 Ave. of the Americas Address: \_ 1251 Ave. of the Americas □ Member **■**Member 35th Floor 35th Floor □ Authorized ☐ Authorized New York, NY 10020 New York, NY 10020 Person Person □Other\_\_\_\_ \_ □Other, Other □Other\_ □ Manager □Manager □Member Address: \_\_\_\_\_ □Member Address: □ Authorized □ Authorized Person Person □Other □Other □Other □Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_ □Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person Other\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Connell J. Watters

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "URBAN BEACH E. BAY II 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 NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "URBAN BEACH EDENGED ON THE EIGHTH DAY OF MARCH, A.D. 2021 ARR AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202683189

Date: 03-09-21