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

(((H210000967173)))



H210000967173ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

т	^	٠
- 1	v	•

Division of Corporations

Fax Number

: (850)617-6383

From:

 \sim

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728

Fax Number : (561)671-2527

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

mstocks@gunster.com
Email Address:_____

Foreign Limited Liability Company
238 9TH STREET LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAR)

(02/04) 03/10/2021 11:57:17 AM H210000967173

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:

238 9th Street LLC			<u> </u>	
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company, ""L.L.C.," or "LLC.")		
Of name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabili	ty Company," "L.L.C," or "LLC.")	
Delaware		86-2400183		
(Jurisdiction under the law of which foreign limited liability company is organi.		(FEI number, if applicable)		
			28	
4	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605.0905, F.S. to determin	gistration.) e penalty liability)	2021 HAR	
70 East Cedar Street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 East Cedar Street	D TEXTS	
5. (Street Address of Principal Office)		6. (Mailing Address)		
Chicago, Illinois 60611		Chicago, Illinois 60611	PH 6	
			F-15	
2 Name and atmost address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
/. Name and street addres	55 Of Florida registered agent. (1.0. Box	<u></u>		
	GY Corporate Services, Inc.			
Name:				
Office Address:	777 S Flagler Drive, Suite 500E			
	West Palm Beach	33401		
	(City)	, Florida(Zip code)		
designated in this applicate to comply with the provise	otance: egistered agent and to accept service of pation, I hereby accept the appointment astions of all statutes relative to the proper as of my position as registered agent. GY CORPORATE SERVICES, INC.	registered agent and agree to act in .	inis capacuy. 1 juriner ugre	
By	: /s/ Melanic B. Stocks			

(Registered agent's signature)
Melanie B. Stocks, Asst. Secretary

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: 238 9th Street Manager LLC ■ Manager 70 East Cedar Street □Member Address: Address: Chicago, Illinois 60611 □ Authorized □ Authorized Person Person Other_ Other___ □Other_____ □ Other ______ Name: □Manager ☐Manager □Member Address: _ Address: ☐ Member □ Authorized □ Authorized Person Person Other_ □Other____ □Other___ □Other__ Name: _____ □Manager Name: _____ ☐Manager Address: ______ □Member Address: _______ □Member □ Authorized ☐ Authorized Person Person □Other_____ Other_____ □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. /s/ Jessica Shapiro Signature of an authorized person

Typed or printed name of signee

Jessica Shapiro, Authorized Person

H21000096717 3

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "238 9TH STREET 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 TENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "238 9TH STREETS"

LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202693461

Date: 03-10-21

5186197 8300 SR# 20210854543

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