3/31/2021

Division of Corporations



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Foreign Limited Liability Company HAWTHORNE OCALA IL OPERATIONS HOLDINGS LLC

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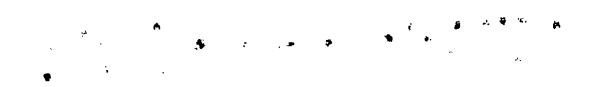
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From: Kimberly Laughrey



2021-03-31 11:25:52 CST

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

• • • • • • • • • • • • • • • • • • • •	name adopted for the purpose of transacting business in Fic	stidit. The attentiate hame must include: Limited Listolity Compar	ny," *L.L.C," or "!	
Delaware		86-2406149 3.		
(Issuidiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	rgustration.) ne penalty liability)		
267 Broadway		267 Broadway 6.		
et Address of Principal Office)		6. (Mailing Address)		
Brooklyn, New York	[121]	Brooklyn, New York 11211		
				
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name and street address Name:	65 of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)	COLL MARK	
	C T Corporation System	NOT acceptable)	10 8 8 W 1700	
Name:	C T Corporation System	NOT acceptable)	HILL SAW 1707	

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.



Laura Broderick, Assistant Secretary

* Page: 4 of 5

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:	1	Name and Address:
□Manager	Name: Solomon Klein	□Manager	Name:	
□Member	Address: 267 Broadway	□Member	Address:	
■ Authorized	Brooklyn, NY 11211	□Authorized		·····
Persoa		Person		
□ Other	Other	□ Other	i	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		·
□Other	Other	□Other	{	□Other
		•		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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.

Signature of an authorized person

Solomon Klein, Authorized Person

Typed or printed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAWTHORNE OCALA IL OPERATIONS HOLDINGS

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 THIRTY-FIRST DAY OF MARCH, A.D. 2021.

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

Authentication: 202863716

Date: 03-31-21