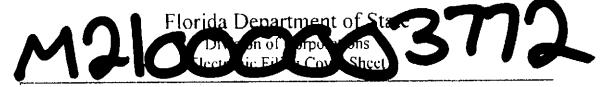
3/31/2021

Division of Corporations



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From:

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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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Foreign Limited Liability Company

·· HAWTHORNE LAKELAND AL OPERATIONS HOLDINGS LLC:

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APR - 1 707

From: Kimberly Laughrey

Hawthorne Lakeland AL Operations Holdings LLC



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:

	name adopted for the purpose of transacting business in Flo	rida. The altern	rate name must include	"Limited Liabil	ity Company," "	'L.L.C." at '
Delawar e			-2432469			
(Jurisdiction under the law of which foreign limited liability company is organized)		٠		(FE! number, if applicable)		
	(Date first transacted business in Florids, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) se penalty liabil	lity)			
267 Broadway		261 6.	7 Broadway			
et Address of Principal Office)		v	(Mailing Address)			
Brooklyn, New York	11211	Вю	ooklyn, New Yo	rk 11211		
					į.	7.07
Name and <u>street addres</u>	ss of Florida registered agent; (P.O. Box	NOT acce	ptable)			ZUZI MAR
	OT On consider the state				î - ;	ि ? 3
Name:	C T Corporation System				-	-
	1200 South Pine Island Road				;	HΑ
Office Address:					3.	ښ
	Plantation			324		5 /
			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.

	C T Corpoi	ration System	
Bv:	J) '	R Rysolan	1
·	-30	(Kegistered agent's signature)	·

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]:

litle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
]Manager	Name: Solomon Klein	□Manager	Name:	
] Member	Address: 267 Broadway	□Member	Address:	
Authorized	Brooklyn, NY 11211	□Authorized		
Person		Person		
Other	Other	□ Other		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
dexed individuals Attached is a cert insidiction under the fine translator must the fine translator must the fine translator must be coment in the fine translator must be coment to the fine translator must be comented in the fine translator.	s executed in accordance with section 605.0 ment to the Department of State constitutes	r Fforida Department of Sta Id, duly authenticated by thicate is in a foreign langual 2203 (1) (b), Fforida Statut	ate Annual Rep he official havinge, a translation es. I am aware (ort form. Ing custody of records in the of the certificate under on that any false information
•	Solomon Klein, Authorized Person			
		d or printed name of signeo	·	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAWTHORNE LAKELAND AL 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: 202863724

Date: 03-31-21