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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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K Brumpley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 748138 8136031
AUTHORIZATION THE BELLENAN
COST LIMIT (: \$ 125.00
ORDER DATE : April 7, 2021
ORDER TIME : 1:06 PM
ORDER NO. : 748138-010
CUSTOMER NO: 8136031
FOREIGN FILINGS
NAME: G&I X 20 NORTH ORANGE LAND LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Eyliena Baker -- EXT# 61594

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	G&I X 20 NORTH ORANGE LAND L	LC
		ame of Limited Liability Company
		ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matte	r to the following:
	Robert Hyman	
		Name of Person
	DRA Advisors LLC	
	Firm/Company	
	575 Fifth Avenue, 38th Floor	
		Address
	New York, NY 10017	
		City/State and Zip Code
	rhyman@draadvisors.com	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please of	call:
	Robert Hyman	212 973-3853
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	1	Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI \$\Begin{array}{c} \text{S125.00 Filing Fee} \text{S130.00 Filing I} \\ \text{Certificate} \text{Certificate}	EPARTMENT OF STATE

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:

The circulation of the circulati	Limited Liability Company; must include "Limite	w manny co	many, 12 the or late.		
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The alter	nate name must include "Limited Liabil	ity Company," "L.L.C." or "I	i.t.C.")
Delaware		_			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3	(FEI number,	(FEI number, if applicable)	
·				_	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liabi	lity)		
c/o DRA Advisors LL		c/c 6	DRA Advisors LLC (Mailing Address)		_
treet Address of Principal Office)			(Mailing Address)		
575 Fifth Avenue, 38	ith Floor	57 —	5 Fifth Avenue, 38th Floo	r	
New York, NY 10017		Ne	New York, NY 10017		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)	2021 APR	
Name:	Corporation Service Company			-7	
Office Address:	1201 Hays Street		_	AH 10:	블리
	Tallahassee		32301 , Florida	29	
	(Cuy)		(Zip code)		

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.

Corporation Service Company

By: Justula & John (Registered agent's signature)

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: Name and Address: Name: _ Robert Hyman Manager □Manager Name: Address: c/o DRA Advisors LLC □Member □Member Address: _____ 575 Fifth Avenue, 38th Floor □ Authorized □ Authorized New York, NY 10017 Person Person □Other____ □Other____ Other___ Other_ □Manager Name: □Manager Name: □Member Address: Address: _____ □Member □ Authorized ☐ Authorized Person Person □Other__ Other □ Other □Other_____ □Manager □Manager Name: _____ □Member Address: □Member Address: _____ ☐ Authorized ☐ Authorized Person Person 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/ Triska Williams Signature of an authorized person Trisha Williams

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 "G&I X 20 NORTH ORANGE LAND 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 SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G&I X 20 NORTH ORANGE LAND LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202913057

Date: 04-07-21

5702869 8300 SR# 20211206967