## M21000004244

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	· · · · · · · · · · · · · · · · · · ·
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IPR 12 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000195

REFERENCE : 753491 8136031

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 12, 2021

ORDER TIME : 12:44 PM

ORDER NO. : 753491-005

CUSTOMER NO: 8136031

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: G&I X GOLDEN ACRES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	Nam	e of Limited Liability Company
	Name of Limited Liability Company ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.  In all correspondence concerning this matter to the following:  Sheldon Bender  Name of Person  Blank Rome LLP  Firm/Company  One Logan Square, Third Floor  Address  Philadelphia, PA 19103-6998  City/State and Zip Code  bender@blankrome.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  heldon Bender  Name of Contact Person  Area Code  Daytime Telephone Number  atting Address: egistration Section ivision of Corporations  O. Box 6327  The Centre of Tallahassee allahassee, FL 32314  Tallahassee, FL 32303	
Please return a	ll correspondence concerning this matter t	o the following:
	Sheldon Bender	
		Name of Person
	Blank Rome LLP	
		Firm/Company
	One Logan Square, Third Floor	
		Address
	Philadelphia, PA 19103-6998	
	C	ity/State and Zip Code
	bender@blankrome.com	
	E-mail address: (to be	e used for future annual report notification)
For further info	ormation concerning this matter, please cal	II:
Shel	don Bender	
	Name of Contact Person	Area Code Daytime Telephone Number
_		
		•
Talla	hassee, FL 32314	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee  \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

## 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 unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liabilit	у Сопрану," "	1, 1, C," or "LLC.
Delaware		,			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if	applicable)	<u> </u>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration	() Rability )	_	
575 Fifth Avenue, 38th Floor			575 Fifth Avenue, 38th Floor		
Address of Principal Office)		6.	(Mailing Address)		
New York, NY 10017			New York, NY 10017		
					<del></del>
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	ecceptable)		26
				. <u>.</u>	2021 APR 12
Name:	Corporation Service Company				73
rane.	400411		·		12
Office Address:	1201 Hays Street				77mg
	Tallahassee		32301		9:40
	(City)		, Florida(Zip code)	_	0 %
	• •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		rocess i	for the above stated limited liab	ility compa	any at the pl
ving been named as re ignated in this applica	gistered agent and to accept service of p tion, I hereby accept the appointment as	s registe	red agent and agree to act in th	tis capacity	v. I further
iving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	s registe	red agent and agree to act in th	tis capacity	v. I further
signated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	s registe	red agent and agree to act in th	tis capacity	v. I further

(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: G&I X Golden Acres JV LLC □ Manager □Manager Name: 575 Fifth Avenue, 38th Floor Address: \_ Address: **■**Member □Member New York, NY 10017 □Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: Name: □Manager □ Manager Address: □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ Other □Other Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager □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. Heldon Bende Signature of an authorized person Sheldon Bender

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "G&I X GOLDEN ACRES 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 TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G&I X GOLDEN

ACRES LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2021.

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

Authentication: 202942775

Date: 04-12-21

5822207 8300 SR# 20211255900