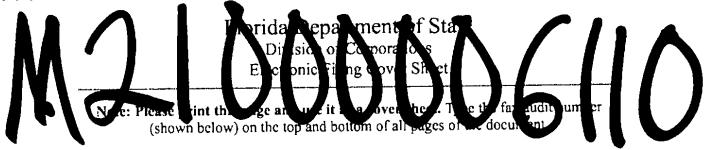
Division of Corporations



(((H21000200239 3)))



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To:

Page: 2 of 5

Division of Corporations

Fax Number

Email Address:\_

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

SECHETARY OF STATE

of a from the

NECEIVED

Foreign Limited Liability Company

Naples Beach Club Building E Hotel Residences Owner, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	<b>\$</b> 155.00

MAY 20 2021

M. SOLOMON

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r#

## 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 HABILITY

traine or confirm	initied Liability Company; must include "Limited	d Liability	Company," "L.E.C.,	or TTC. }	
'name unavailable, enter alternate is	aine adopted for the purpose of transacting business in H	onda The	alternate name must med	ode "Limited Labelity Compa	ny." "I. L.C." or "LI.C.")
Delaware					
Ourselection under the law of wh	nich foreign limited liability company is organized;	3.		(EE) number, d'applicab	te)
Upon filing					
Open imag	(Date first transacted business in Florida 3f prior to	registratio	n }		
	(See sections 605 0904 & 605 0905, F.S. to determine	ine pennity	645 Fiñh Avenu	a 21st Floor	
645 Fifth Avenue, 21st	Floor	6.	(Mailing Address		297
treet Address of Principal Office)			(Mailing Address	O .	
New York, NY 10022			New York, NY	0022	HAY AHI
					38.8 7.8.7 <b>6.</b> 1
					<u> </u>
					TES T
Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u>	acceptable)		2.171.5 2.171.5 1 1: <b>19</b>
					£ . o
Name:	C T Corporation System				
	1200 South Pine Island Road				
Office Address:					
	Plantation		, Florida	33324	
	(City)		,, , 1 10,1411.	(Zip code)	

to comply with the provisions of all statutes relative to the proper and complete perform and accept the obligations of my position as registered agent.

	CT Corporation System	il beflet	David Westcott, Assistant Secretar
В <u>у:</u>	(Registered agent's signature)	2072	<del></del>

19542080845

8.	For initial indexing purposes,	list names,	title or capacity and addres	ses of the primary	y members/managers or	persons authorized to
ma	mage [up to six (6) total]:					

Title or Capacity:	Name and Address:	Title or Capacity	<u>'i</u>	Name and	l Address:	
□Manager	Name: Kenneth Gerold	□Manager	Name:		<u> </u>	
□Member	Address:	□Member	Address:		<u>-</u>	_
■ Authorized	645 Fifth Avenue, 21st Floor	☐ Authorized				_
Person	New York, NY 10022	Person				_
□Other		Other		□Other_		_
□Manager	Name:	□ Manager	Name:			_
□Member	Address:	□Member	Address:			_
□Authorized		☐ Authorized			<u> </u>	_
Person		Person			A A	
□Other			<del>-</del>	□Other_	(1)	_ [ <u>T</u> ]
□Manager	Name:	□ Manager	Name:		PM 1:1	
□ Member	Address:				0. 6	_
□Authorized		☐ Authorized		· · · · · · · · · · · · · · · · · · ·		_
Person		Person				_
□Other	Other	☐ Other		□Other_		<del>_</del>

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.

Mr. L.		
7	Signature of an authorized person	

Kenneth Gerold

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NAPLES BEACH CLUB BUILDING E HOTEL

RESIDENCES OWNER, 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 NINETEENTH DAY OF

MAY, A.D. 2021.

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

a corn delaware gov/aut

Authentication: 203238551

Date: 05-19-21