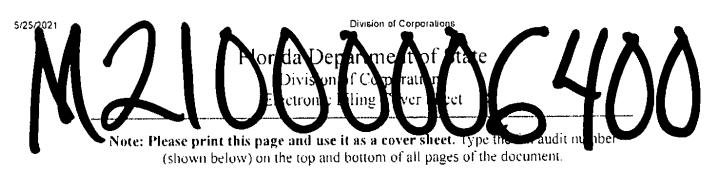
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To: 18506176383



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:_

Foreign Limited Liability Company NBC Club Owner II, LLC

Certificate of Status	Ü
Certified Copy	l
Page Count	04
Estimated Charge	\$155.00

MAY 26 2021

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FUORIDA:

une unavailable, enter alternate t	ising adopted for the purpose of transacting business in Flo	wida. The alternate name must include "Limited Liability Company,	," "L L.U," ox "
elaware			
Durisdiction under the law of w	high foreign limited liability company is organized;	3. (El number, il applicable)	
Jpon filing			
	Date first transacted business in Florida, if prior to r (See sections 605,0903 & 605,0905, F.S. to determine	egistration)	
645 Fifth Avenue, 21s	Floor	645 Fifth Avenue, 21st Floor	
er Address of Principal Office)		(Marling Address)	
New York, NY 10022		New York, NY 10022	
	SS of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)	A HASSEF, FL
Name:			-6.5
Name: Office Address:	1200 South Pine Island Road		<u> </u>
	1200 South Pine Island Road Plantation	33324 , Florida	<u>ā</u> r

(Registered agent's signature)

By:

To: 18506176383

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	<u>u</u>	Name and	Address:
□Manager	Name: Kenneth Gerold	∏Manager	Name:	_	
□Member	Address:	□Member	Address:		
■ Authorized	645 Fifth Avenue, 21st Floor	☐ Authorized			
Person	New York, NY 10022	Person		<u></u>	
□Other	□Other	Other		□Other_	
□Manager	Name:	∏ Manager	Name:	 	
□Member	Address:		Address:		2021
□Authorized		☐ Authorized			25 ESA
Person		Person			25 SSE 25
□Other		□ Other		□Other_	19 19 19 19 19 19 19 19 19 19 19 19 19 1
					2-20 TATE ORIEN
□Manager	Name:	Manager	Name:		
⊡Member	Address:	∃Member	Address:		
☐Authorized		☐ Authorized			
Person		Person			
□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.

Un L		
7	Signature of an authorized person	
Kenneth Gerold		

Typed or printed name of signes



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NBC CLUB OWNER II, 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 TWENTY-FIFTH DAY OF MAY, A.D. 2021.

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

Authentication: 203289217

Date: 05-25-21