

M21000006718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

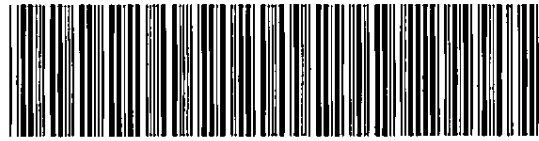
(Business Entity Name)

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2021 JUN -3 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -3 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 1 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 842167 5168766
AUTHORIZATION : *Eyliena Baker*
COST LIMIT : \$ 125.00

ORDER DATE : June 2, 2021
ORDER TIME : 9:52 AM
ORDER NO. : 842167-005
CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: 37 GABLES MASTER LESSEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

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:

1. 37 GABLES MASTER LESSEE LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0996463
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 152 W 57th St., 60th Fl.
(Street Address of Principal Office)
New York, NY 10019

6. 152 W 57th St., 60th Fl.
(Mailing Address)
New York, NY 10019

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 JUN -3 AM 9:04

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.

Corporation Service Company

By: [Signature]

(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:** _____
 Manager Name: Curtis Pollock
 Member Address: 152 W 57th St., 60th Fl.
 Authorized New York, NY 10019

 Person _____
 Other President Other _____

Title or Capacity: _____ **Name and Address:** _____
 Manager Name: Thomas Ryan
 Member Address: 152 W 57th St., 60th Fl.
 Authorized New York, NY 10019

 Person _____
 Other Vice President Other _____

Manager Name: Andrew Frohlich
 Member Address: 152 W 57th St., 60th Fl.
 Authorized New York, NY 10019

 Person _____
 Other Vice President Other _____

Manager Name: Lisa Schwartz
 Member Address: 152 W 57th St., 60th Fl.
 Authorized New York, NY 10019

 Person _____
 Other VP & Secretary Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 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.

/s/ Curtis Pollock

 Signature of an authorized person

Curtis Pollock

 Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "37 GABLES MASTER LESSEE 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 SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "37 GABLES MASTER LESSEE LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2021.

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



5960014 8300

SR# 20212333272

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203348674

Date: 06-02-21