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(((H210002231143)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I200000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

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

Email	Address:		
	, <u>_</u>	 	

Foreign Limited Liability Company

PAGAYA SMARTRESI F1 FUND PROPERTY OWNER II LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	04	
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TO:

COVER LETTER

SUBJECT: _	Pagaya Smartresi F1 Fund Property Owner II LLC			
300age1	Name of Limited Liability Company			
The enclosed " Existence, and	"Application by Foreign Limited Liability Company for Authorization to Transact Business in F I check are submitted to register the above referenced foreign limited liability company to transa	Florida," act busin	Certi ess ir	ficate of Florida.
Please return a	ill correspondence concerning this matter to the following:			
	Forrest Grossman			
	Name of Person			
	Mayer Brown LLP			
	Firm/Company	· •	2	
	1221 Avenue of the Americas		21 JU	
	Address	<u>.</u>	<u> </u>	Screen Screen
	New York, NY 10020	2 71 11:00	PX	1.6.5
	City/State and Zip Code	1101 1174	ά	
	fgrossman@mayerbrown.com E-mail address: (to be used for future annual report notification)		0	
For further info	ormation concerning this matter, please call:			
	Forrest Grossman 212 506-2163			
	Name of Contact Person Area Code Daytime Telephone Nu	ımber		
Divis Regis P.O. I	LING ADDRESS: Sion of Corporations Stration Section Box 6327 Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le		
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee \$\Bigcup \frac{1}{3}\$130.00 Filing Fee & \$\Bigcup \frac{1}{3}\$155.00 Filing Fee & \$\Bigcup \frac{1}{3}\$160.00 Certificate of Status Certified Copy of Statu	_		Tertificate Copy

To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
, Pagaya Smartresi F1 Fund	d Property Owner II LLC
(Name of Foreign Limited Liability Company: must include "Limite	ed Liability Company," "E.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	with The alternate pages proper include "Limited Lighting Company" "1 L. C. " or "1 L.C."
Delaware	THE MICHIGAN INTO THE STATE OF
(Jurisdiction under the Law of which foreign lutted liability company is organized)	3. (Fi:) number, if applicable)
May 20, 202	:1
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nice penalty liability)
90 Park Avenue, 31st Floor	6. 90 Park Avenue, 31st Floor
(Street Address of Principal Office)	and the second s
New York, NY 10016	New York, NY 1001隻
	The same of the sa
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box	(NOT acceptable)
Name: <u>COGENCY GLOBA</u>	ALINC.
Office Address: 115 North Calhoun St	. Suite 4
Tallahassee	, Florida <u>32301</u> (Zip code)
designated in this application, I hereby accept the appointment a	process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. I further agree r and complete performance of my duties, and I am familiar with
/s/Kath	rine Meer

(Registered agent's signature)

From: Rathrine Meer

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized	tc
manage [up to six (6) total]:	

	,			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Gal Krubiner	Manager	Name:	
Member	Address: 90 Park Avenue, 31st Floor	Member	Address:	
⊠ Authorized	New York, NY 10016	Authorized		<u> </u>
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		2021
Other	Other	Other		Other
				7
Manager	Name:	Manager	Name:	TE TOWN
Member	Address:	Member	Address:	- Till - O
Authorized		Authorized		1
Person		Person		
Other	Other	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.

Gal terubiner	
Signmon aging and beauting the sun	
Gal Krubiner	
 Typed or printed name of signee	

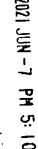
Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAGAYA SMARTRESI F1 FUND PROPERTY 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 FOURTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAGAYA SMARTRESI F1 FUND PROPERTY OWNER II LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2021.

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







Authentication: 203370094

Date: 06-04-21

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