M2100007938

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	less Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer.	
<u> </u>		

Office Use Only



2021 JUN 23 AM 1:31

2021 Jr | 23 | KE IO: 5

kpc/xc

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 8756957 7288091

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 22, 2021

ORDER TIME : 6:01 PM

ORDER NO. : 875695-005

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: USCOFW 4035 SOUTHPOINT BLVD

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:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	USCOFW 4035 Southpoint Blvd LLC					
0000	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F				
Please	return all correspondence concerning this matter	to the following:				
	Name of Person					
	Firm/Company					
Time Company						
Address						
City/State and Zip Code						
	E-mail address: (to b	re used for future annual report notification)				
For further information concerning this matter, please call:		re used for future annual report notification) All:				
		at ()	£			
	Name of Contact Person	Area Code Daytime Telephone Number. Street Address:				
	Mailing Address:		<u>}</u>			
	Registration Section	Registration Section				
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certifica				

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

IN COMPLANCE 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 of Foreign	Limited Liability Company; must include "Limited I	.iability Company," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flori	da. The attenuate name must include "Limited Lie	ability Company ""L. L. C." or "L. C."
Delaware		87-1292114	romy company. E.E.C. of the
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	er, if applicable)
4.			
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	istration.) penalty liability)	
730 Third Avenue 5.		730 Third Avenue	
(Street Address of Principal Office)		6. (Mailing Address)	
New York, NY 10017	· · · · · · · · · · · · · · · · · · ·	New York, NY 10017	
			202
7. Name and street addres	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	02 JUN 23
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		H: 32
	Tallahassee	32301 Florida	
	(City)	(Zip code)	

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

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:
□Manager	Name: Francesca Weindling	□Manager	Name: Patrick Li
□Member	Address: 730 Third Avenue	□Member	Address:
■Authorized	New York, NY 10017	Authorized	New York, NY 10017
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 8500 Andrew Carnegie Blvd	□Member	Address: 4675 MacArthur Court
■Authorized	Charlotte, NC 28215	■Authorized	Suite 1100
Person		Person	Newport Beach, CA 92660
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name: 20
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	□ Other 2

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.

Wendy Henderson

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 "USCOFW 4035 SOUTHPOINT BLVD 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-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USCOFW 4035 SOUTHPOINT BLVD LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2021.

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

