M21000008079

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phone #	f)		
PICK-UP	☐ WAIT	MAIL		
(Busin	less Entity Name	r)		
(Docu	ment Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500368086375

2021 JUN 25 PH 1:

- 3

RECEIVED

20 (20/9)

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 880586 _ 83106

AUTHORIZATION: Spelle le par

COST LIMIT : \$'125:00

ORDER DATE : June 25, 2021

ORDER TIME : 12:47 PM

ORDER NO. : 880586-030

CUSTOMER NO: 8310670

FOREIGN FILINGS

NAME: SUNNY LAKE TT, 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: Alexxis Weiland -- EXT# 61592

EXAMINER: ____

COVER LETTER

TO:		ation Section n of Corporations					
SUBJI		nny Lake TT, LLC					
201.0.	Name of Limited Liability Company						
			Company for Authorization to Transact Business i eferenced foreign limited liability company to tra				
Please	return all	correspondence concerning this matter to	the following:				
		Michelle Kaler					
			Name of Person				
		Investcorp					
			Firm/Company		•		
		280 Park Avenue, 36W					
Address New York, NY 10017							
					~ .		
	City/State and Zip Code				2021		
		realestate@investcorp.com		-	2021 JUN 25	المهادة الما الما الما الما الما الما الما الما	
	•	E-mail address: (to be	used for future annual report notification)		25	_+.1 22 3	
For fur	ther infor	mation concerning this matter, please call	l:	i	T		
	Michel	le Kaler	212 7031215		1:2	فضد.	
		Name of Contact Person	at ()	Number	2		
Mailing Address: Registration Section			Street Address: Registration Section				
Division of Corporations			Division of Corporations				
P.O. Box 6327		•	The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Please r	d is a check for the following amount: nake check payable to: FLORIDA DEP. 5.00 Filing Fee S130.00 Filing Fee Certificate of	& □ \$155.00 Filing Fee & □ \$160.00 F	iling Fee, tus & Cert			

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name masailable, enter alternate	e name adopted for the purpose of transacting busin	ess in Florida. The alter	nate name must include "Limited Liability	Company," "L.L.C," or "EEC,")
Delaware		3.		
(Jurisdiction under the law of	which foreign limited liability company is organize	(d)	(FEI number, if a	pplicable)
6/8/2021 4.				
4.	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration) determine penalty liabi	lity)	-
280 Park Avenue, 3		28	0 Park Avenue, 36W	202
5. (Street Address of Principal Office)		6	(Mailing Address)	
New York, NY 10017		New York, NY 10017		22
				<u> </u>
				: 2
7. Name and street address	ess of Florida registered agent: (P.C). Box <u>NOT</u> acce	eptable)	. 22
7. Name and street address Name:	ess of Florida registered agent: (P.C		ptable)	. 22
	Corporation Service Company		eptable)	: 22
Name:	Corporation Service Company		 32301	: 22
Name:	Corporation Service Company 1201 Hays Street			: 22

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: F. Jonathan Dracos	□Manager	Name: J. M	ichael O'Brien
□Member	Address: 280 Park Avenue, 36W	□Member	Address:	0 Park Avenue 36W
□Authorized	New York, NY 10017	□Authorized	New York,	
Person		Person		
■Other	Other	Vice Presi ■Other	dent ——-	□Other
□Manager	Name: H. Herbert Myers	□Manager	Name:	
□Member	Address: 280 Park Avenue 36W	□Member	Address:	
□Authorized	New York, NY 10017	□Authorized		
Person		Person		202
■Other	dent Other	□Other		□Other
				20 U
□Manager	Name:	□Manager	Name:	P II
□Member	Address:	□Member	Address:	7: 22
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other

<u>Important Notice:</u> 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.

Signature of an authorized person

H. Herbert Myers

Typed or printed name of signec



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

DELAWARE, DO HEREBY CERTIFY "SUNNY LAKE TT, 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNNY LAKE TT, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2021.

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

2021 JUN 25 PM 1: 22



Authentication: 203537105

Date: 06-25-21

6031013 8300 SR# 20212552234