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5/28 pl

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 880586 / 8310670

AUTHORIZATION : Spelle lands

COST LIMIT : \$ 125.00

ORDER DATE : June 25, 2021

ORDER TIME : 12:48 PM

ORDER NO. : 880586-040

CUSTOMER NO: 8310670

FOREIGN FILINGS

NAME: SUNNY LAKE LL, 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

то:	Registration Section Division of Corporations						
SUBJE	Sunny Lake LL, LLC						
Name of Limited Liability Company							
The en Existen	nclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florie referenced foreign limited liability company to transact be	ida," Certificate of ousiness in Florida.				
Please	return all correspondence concerning this matter	to the following:					
	Michelle Kaler						
	Name of Person						
	Investcorp Firm/Company						
	280 Park Avenue, 36W						
		_					
	New York, NY 10017		2021 JUH				
	City/State and Zip Code realestate@investcorp.com						
	E-mail address: (to b	be used for future annual report notification)	25 P	Ţ			
For fur	ther information concerning this matter, please c	all:	PM 1: 22				
	Michelle Kaler	212 7031215 at ()	22				
	Name of Contact Person	Area Code Daytime Telephone Number	er				
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section					
		Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing F Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing F	Fee, Certificate Certified Copy				

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 "Limite	d Liability Compa	ny," "L. L.C.," or "LLC.")	<u> </u>	~
(II name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liabit	ity Company," "I, L C," or	"LLC.")
Delaware					
2. (Jurisdiction under the law of v	which foreign limited hability company is organized)	<i>3.</i>	(FEI number,)	if applicable)	_
6/8/2021					
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty liability)			
280 Park Avenue, 36	6W		ark Avenue, 36W		
(Street Address of Principal Office)		6. <u>(N</u>	Mailing Address)		_
New York, NY 10017		New \	ork, NY 10017	_	
-				7021	_
				<u> </u>	_ " 🧃 📑
7. Name and street address Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	: <u>NOT</u> accepta	ble)	25 PH 1:	
	1201 Hays Street			23	
Office Address:	Tallahassee		32301 . Florida		
	(City)		(Zip code)		
designated in this applica to comply with the provise	egistered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: (Registered agent's	s registered ag and complete nandû	ent and agree to act in t	his capacity. I furties, and I am famili	her agree

manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: F. Jonathan Dracos Name: _______ □Manager □Manager 280 Park Avenue, 36W 280 Park Avenue 36W Address: Address: ___ □Member □Member New York, NY 10017 New York, NY 10017 ☐ Authorized □ Authorized Person Person ■Other_____ President Other_____ **■**Other □Other Name: H. Herbert Myers □Manager □Manager Name: _____ 280 Park Avenue 36W □ Member □Member Address: New York, NY 10017 ☐ Authorized ☐ Authorized Person Person Vice President □Other_____ Other___ □Manager Name: □Manager Address: _____ □Member □Member Address: _ ☐ Authorized □ Authorized Person Person □ Other_____ □Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



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

DELAWARE, DO HEREBY CERTIFY "SUNNY LAKE LL, 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 LL, 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.





Authentication: 203537106

Date: 06-25-21