

8/9/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company

FL WEST PARK (DE) LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Please keep file date 8-19-2021

2021 AUG 25 AM 10:23

FLORIDA SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FL West Park (DE) 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 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 450 Park Ave., 9th Floor 6. 450 Park Ave., 9th Floor  
(Street Address of Principal Office) (Mailing Address)

New York, NY 10022

New York, NY 10022

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By C T Corporation System (Signature)  
(Registered agent's signature)

FILED  
2021 AUG 19 AM 11:29  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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2021 AUG 19 AM 11:30  
TALLAHASSEE, FLORIDA

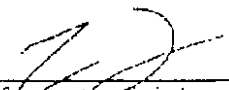
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input type="checkbox"/> Manager	Name: <u>OLL Florida (DE) LLC</u>	<input type="checkbox"/> Manager	Name: <u>Elizabeth M. Murphy</u>
<input checked="" type="checkbox"/> Member	Address: <u>450 Park Ave , 9th Floor</u>	<input type="checkbox"/> Member	Address: <u>900-100 Adelaide Street W</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10022</u>	<input checked="" type="checkbox"/> Authorized	<u>Toronto, ON</u>
Person		Person	<u>M5H 0E2 Canada</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Chad Remis</u>	<input type="checkbox"/> Manager	Name: <u>Christopher P. Mundy</u>
<input type="checkbox"/> Member	Address: <u>125 Summer Street</u>	<input type="checkbox"/> Member	Address: <u>600 Massachusetts Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>12th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 325</u>
Person	<u>Boston, MA 02110</u>	Person	<u>Washington, DC 20001</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Alysha C. Valenti</u>	<input type="checkbox"/> Manager	Name: <u>Dean Jonathan Shapiro</u>
<input type="checkbox"/> Member	Address: <u>900-100 Adelaide Street W</u>	<input type="checkbox"/> Member	Address: <u>450 Park Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Toronto, ON</u>	<input checked="" type="checkbox"/> Authorized	<u>9th Floor</u>
Person	<u>M5H 0E2 Canada</u>	Person	<u>New York, NY 10022</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

  
\_\_\_\_\_  
Signature of an authorized person

Christopher Lankin  
\_\_\_\_\_  
Typed or printed name of signer

**Authorized Persons**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Varuthi I. Suwankosai	Senior Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Michael C. DeGier	Senior Vice President and Secretary	900-100 Adelaide Street W, Toronto, ON M5H 0E2 Canada
Brian Barriero	Vice President	125 Summer Street, 12th Floor, Boston, MA 02110
Kristen Binck	Vice President	125 Summer Street, 12 <sup>th</sup> Floor, Boston, MA 02110
Lena Choi	Vice President	900-100 Adelaide Street W, Toronto, ON M5H 0E2 Canada
Le Hoa Duong	Vice President	900-100 Adelaide Street W, Toronto, ON M5H 0E2 Canada
Andrea L. Fellows-Paparizos	Vice President	900-100 Adelaide Street W, Toronto, ON M5H 0E2 Canada
Andy Field	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Adam Frazier	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Matthew Flaherty	Vice President	125 Summer Street, 12th Floor, Boston, MA 02110
Christopher Lankin	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Mark McGowan	Vice President	125 Summer Street, 12th Floor, Boston, MA 02110
Nicholas Joseph Staubitz	Vice President	900-100 Adelaide Street W, Toronto, ON M5H 0E2 Canada
Jeff Turkanis	Vice President	125 Summer Street, 12th Floor, Boston, MA 02110
Jim White	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Ofer Zer	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Ankit Bhatt	Vice President	450 Park Avenue, 9th Floor, New York, NY 10022
Tycho Suter	Vice President	535 Mission Street, 14th Floor, San Francisco, CA 94105
Benjamin D. Kayden	Assistant Secretary	600 Massachusetts Avenue, Suite 325, Washington, DC 20001

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL WEST PARK (DE) 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 EIGHTEENTH DAY OF AUGUST, A.D. 2021.

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

FILED  
2021 AUG 19 AM 11:30  
JEFFREY W. BULLOCK  
SECRETARY OF STATE



6158412 8300

SR# 20213018731

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203953435

Date: 08-18-21