M21000015695

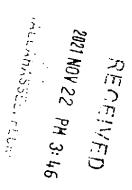
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				





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K. SALY NOV 2 3 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 260921 8354467
AUTHORIZATION Spelle man
COST LIMIT : \$ 125.00
ORDER DATE : November 22, 2021
ORDER TIME : 2:35 PM
ORDER NO. : 260921-045
CUSTOMER NO: 8354467
FOREIGN FILINGS
NAME: 7009 INTERBAY BLVD (FL) OWNER LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

7000 1.4-1			
7009 Interbay Blvd (FL) Owner LLC			
Nam	e of Limited Liability Company		
closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifi referenced foreign limited liability company to transact business in I		
return all correspondence concerning this matter t	to the following:		
	Name of Person		
	Firm/Company		
	Address		
	City/State and Zip Code		
_	my state and zip code		
E-mail address: (to be	e used for future annual report notification)		
her information concerning this matter, please cal			
, , , , , , , , , , , , , , , , , , ,			
	at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	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		
Enclosed is a check for the following amount:			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 7009 Interbay Blvd (F	FL) Owner LLC		
(Name of Foreign	Limited Liability Company; must include "Limite	.iability Company," "L.L.C.," or	r "LLC.")
If name unavailable, enter alternate :	name adopted for the purpose of transacting business in F	da. The alternate name must include	"Limited Liability Company," "L.L.C." or "LI.C."
Delaware		2	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)
Upon registration			
ł	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	nstration.) penalty liability)	<u>_</u> .
233 S. Wacker Drive		233 S. Wacker Dr	ive, Suite 4700
5. Street Address of Principal Office)		6. (Mailing Address)	
Chicago, IL 60606		Chicago, IL 60606	6
			
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>√OT</u> acceptable)	ERPA WON 22
			<u>∵, </u>
Name:	Corporation Service Company		Ha B
. vanie.			2: 00
Office Address:	1201 Hays Street		
	Tallahassee	323 . Florida	301
	(Cnv)		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: William J. Stein Tyler Henritze □ Manager □Manager Name: Address: 345 Park Avenue 345 Park Avenue ☐Member □Member Address: New York, NY 10154 New York, NY 10154 Authorized Authorized Person Person □Other □Other _ □Other_ Other Name: Brian Kim □Manager □Manager 345 Park Avenue □Member Address: □Member Address: New York, NY 10154 **Authorized** ☐ Authorized Person Person \square Other____ □Other_____ □Other □Other □Manager Name: _____ □Manager □Member Address: □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. Jeondre Cuphus Signature of an authorized person Deondra Cephus

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "7009 INTERBAY BLVD (FL) OWNER 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 NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7009 INTERBAY BLVD (FL) OWNER LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6395847 8300 SR# 20213864627

Date: 11-22-21

You may verify this certificate online at corp.delaware.gov/authver.shtml