1/2/0000/574

(Re	questor's Name)	
(Ad	dress)	
-		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	·	·
(Do	cument Number)	
,	•	
Certified Copies	Certificates	s of Status
	-	
·		
Special Instructions to	Filing Officer:	

Office Use Only



300377013533

K. SALY NOV 23 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 260921 8354467

AUTHORIZATION LINE COMMENT

COST LIMIT \mathcal{Y} \$ 125.00

ORDER DATE : November 22, 2021

ORDER TIME : 2:46 PM

ORDER NO. : 260921-135

CUSTOMER NO: 8354467

FOREIGN FILINGS

NAME: 2767 10TH AVENUE (FL) OWNER

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

D ICZ"	2767 10th Avenue (FL) Owner LLC				
BJEC'	Name of Limited Liability Company				
e enclo istence.	sed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flor			
ase reti	urn all correspondence concerning this matter (to the following:			
		Name of Person			
		Firm/Company			
		Address			
		City/State and Zip Code			
	E-mail address: (to b	be used for future annual report notification)			
r furthe	er information concerning this matter, please ca	all:			
-	Name of Contact Person	at () 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 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314	Tallahassee, FL 32303			
I	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Limited Liability C	ompany," "L.L.C," or "LLC "
Delaware		7		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	٥.	(FEI number, if app	olicable)
Upon registration				
	(Date first transacted business in Florida, if prior to t (See sections 605,0904 & 605,0905, F.S. to determine	registratio ne penalty	r) liability)	
233 S. Wacker Drive	, Suite 4700	c	233 S. Wacker Drive, Suite 47	
treet Address of Principal Office)		0.	(Mailing Address)	
Chicago, IL 60606			Chicago, IL 60606	
				201
	·			
Name and street addres	s of Fłorida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	2021 MOV 22
Name:	Corporation Service Company			PH 2
Office Address:	1201 Hays Street			0200 a
	Tallahassee		32301 , Florida	
	(City)		, Florida(Zip code)	

Weiland, assistant va president

(Registered agent's signature)

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:

Title or Capacity:	Name and Address:	Title or Capacity:		
□Manager	Name: Tyler Henritze	□Manager	William J. Stein	
□Member	Address: 345 Park Avenue	□Member	Address:	
■Authorized	New York, NY 10154	Authorized	New York, NY 10154	
Person		Person		
□Other	Other	Other	Other	
□Manager	Brian Kim	□Manager	Name: 22 2 7	
□Member	Address:	□Member	Address:	
■Authorized	New York, NY 10154	□Authorized	SS 22 IT	
Person		Person	70 2	
□Other	Other	□Other	Other OT	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	□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.

Deardra Caphas		
	Signature of an authorized person	
Deondra Cephus		
	Typed or printed name of signer	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2767 10TH AVENUE (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 "2767 10TH AVENUE (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.

2021 NOV 22 PM 2: 18

Authentication: 204757673

Date: 11-22-21

6395908 8300 SR# 20213864594