

M21000016889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000453321 3)))



H210004533213ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

2021 DEC 13 AM 10:44
FILED
TALLAHASSEE, FL

****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
ALLURE ACQUISITION (GP) LLC**

FILE FIRST before
H21000453329

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

FILE FIRST before
H21000453329

2021 DEC 13 PM 4:27

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

DEC 13 2021

COVER LETTER

H21000453321

TO: Registration Section
Division of Corporations

SUBJECT: Allure Acquisition (GP) LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team
Firm/Company

515 East Park Avenue 2nd Fl
Address

Tallahassee, FL 32301
City/State and Zip Code

astorozuk@starlightinvest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (855) 498 - 5500
Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

H21000453321

H21000453321

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

IN COMPLIANCE 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. Allure Acquisition (GP) 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3871902

(FEI number, if applicable)

4. December 2, 2021

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1400 Encore Place

(Street Address of Principal Office)

6. 1400 Encore Place

(Mailing Address)

Lake Mary, Florida 32746

Lake Mary, Florida 32746

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

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee, Florida **32301**
(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.

X *Melissa DeKoven* **Melissa DeKoven, Assistant Secretary**
(Registered agent's signature)

FILED
 2021 DEC 13 AM 10:44
 TALLAHASSEE, FL
 SECRETARY OF STATE

H21000453321

H21000453321

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Clearwater (No. 2) REIT LLC</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Drimmer</u>
<input checked="" type="checkbox"/> Member	Address: <u>3280 Bloor Street West, Suite 1400</u>	<input type="checkbox"/> Member	Address: <u>3280 Bloor Street West, Suite 1400</u>
<input type="checkbox"/> Authorized	<u>Toronto, Canada M8X 2X3</u>	<input checked="" type="checkbox"/> Authorized	<u>Toronto, Canada M8X 2X3</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Evan Kirsh</u>	 <input type="checkbox"/> Manager	Name: <u>Martin Liddell</u>
<input type="checkbox"/> Member	Address: <u>3280 Bloor Street West, Suite 1400</u>	<input type="checkbox"/> Member	Address: <u>3280 Bloor Street West, Suite 1400</u>
<input checked="" type="checkbox"/> Authorized	<u>Toronto, Canada M8X 2X3</u>	<input checked="" type="checkbox"/> Authorized	<u>Toronto, Canada M8X 2X3</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

✓ E. Kirsh
Signature of an authorized person

Evan Kirsh
Typed or printed name of signer

H21000453321

H21000453321

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLURE ACQUISITION (GP) 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 THIRTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLURE ACQUISITION (GP) LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2021.

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



6440432 8300

SR# 20214071393

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204958053

Date: 12-13-21

H21000453321