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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107

: (561)214-8442 Fax Number

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 Tampa Owner LLC

Certificate of Status	1
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S. FRANKLIN

DEC 1 5 2021

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

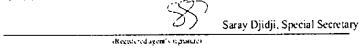
pg 2 of 4

IN COMPLIANCE WITH SECTION OISOND, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY Tampa Owner LLC (Name of Foreign Limited Liability Company, must include "Limited Dability Company," "L.L.C.," or "LLC") Iff nome unavailable, orien alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Fighths, Company," (L.E.C.) or "ELC.") Delaware classifiction taster the law of which foreign kinited liability company is organized) 30 Hodson Yards, 75th Floor 30 Hudson Yards, 75th Floor 6. (Stading Address) Officer Address of Pracipal Officer New York, NY, 10001 New York, NY, 10001 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1, Office Address: North Palm Beach

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.

, Florida _



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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:
□Manager	Name: Ralph Rosenberg	□Manager	Name: Roger Morales
☐Member Address: 30 Hudson Yards ☐Authorized 75th Floor		□Member	Address: 30 Hudson Yards 75th Floor
		□Authorized	
Person	New York, NY 10001	Person	New York, NY 10001
	d COther President	■OtherSenior_VP	
□Manager	Paul Wassennan	□Manager	Name:
⊡Member	Address: 30 Hudson Yards	□Member	Address: 30 Hudson Yards 75th Floor
□Authorized	75th Floor	□Authorized	Name Vorl &V 10001
Person	New York, NY 10001	Person	202 DEC
₩Other		Other Vice Presid	Other F
□Manager	Name: Jason Carss	⊡Manager	Name: Christopher Lee [77]
□Member	Address: 30 Hudson Yards	□Member	Address: 30 Hudson Yards 20 8
□Authorized	75th Floor	□Authorized	75th Floor
Person	New York, NY 10001	Person	New York, NY 10001
Asst. Secretary		Asst. Secre	lary 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.

	artification of an authorized foreign
Paul Wasserman	
	Typed or printed name of signer

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMPA 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 FOURTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAMPA OWNER LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2021.

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



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Authentication: 204970649

Date: 12-14-21