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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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S. FRANKLIN

DEC 15 2021

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 615.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tampa Owner LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 30 Hudson Yards, 75th Floor 6. 30 Hudson Yards, 75th Floor
(Street Address of Principal Office) (Mailing Address)
New York, NY, 10001 New York, NY, 10001

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

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1,
North Palm Beach, Florida 33408
(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.



Saray Djidji, Special Secretary

(Registered agent's signature)

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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]:

<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>Ralph Rosenberg</u>	<input type="checkbox"/> Manager	Name: <u>Roger Morales</u>
<input type="checkbox"/> Member	Address: <u>30 Hudson Yards</u>	<input type="checkbox"/> Member	Address: <u>30 Hudson Yards</u>
<input type="checkbox"/> Authorized	<u>75th Floor</u>	<input type="checkbox"/> Authorized	<u>75th Floor</u>
Person	<u>New York, NY 10001</u>	Person	<u>New York, NY 10001</u>
<input checked="" type="checkbox"/> Other <u>Director and</u>	<input type="checkbox"/> Other <u>President</u>	<input checked="" type="checkbox"/> Other <u>Senior VP</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Paul Wasserman</u>	 <input type="checkbox"/> Manager	Name: <u>Ben Brudney</u>
<input type="checkbox"/> Member	Address: <u>30 Hudson Yards</u>	<input type="checkbox"/> Member	Address: <u>30 Hudson Yards 75th Floor</u>
<input type="checkbox"/> Authorized	<u>75th Floor</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10001</u>
Person	<u>New York, NY 10001</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jason Carss</u>	 <input type="checkbox"/> Manager	Name: <u>Christopher Lee</u>
<input type="checkbox"/> Member	Address: <u>30 Hudson Yards</u>	<input type="checkbox"/> Member	Address: <u>30 Hudson Yards</u>
<input type="checkbox"/> Authorized	<u>75th Floor</u>	<input type="checkbox"/> Authorized	<u>75th Floor</u>
Person	<u>New York, NY 10001</u>	Person	<u>New York, NY 10001</u>
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<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
 Paul Wasserman

 typed or printed name of signer

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 MAIL ROOM

Delaware

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204970649

Date: 12-14-21