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S. ROBERTS
DEC 2 2 2021

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	NYC11 2022 HOUSE CAPITAL LLC					
SOBJEC		une of Limited Liability	Company			
			ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.			
Please reti	urn all correspondence concerning this matter	to the following:				
	James W. Elliott, Esquire					
Name of Person						
	McIntyre Thanasides					
		Firm/Company	 			
	500 East Kennedy Blvd., Ste 200					
	Address					
	Tampa, FL 33602					
		City/State and Zip Code				
	james@mcintyrefirm.com					
	E-mail address: (to	be used for future annual	report notification)			
For furthe	r information concerning this matter, please c	all:				
j	lames W. Elliott	813 at (223-0000			
_	Name of Contact Person	Area Code	Daytime Telephone Number			
D R P	DIAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &

Certificate of Status

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:

rst transacted business in Florida, if prioritions 605,0904 & 605,0905, F.S. to det	ermine penalty liabil	· · · · · · · · · · · · · · · · · · ·	703 onber, if applicable)	_	_
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c)	6 50	I W. Platt Street, Ste 2	.29		
		(Mailing A		. N	_
	<u>Ta</u>	mpa, FL 33606		202)	
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da registered agent: (P.O. B	ox <u>NOT</u> acce	ptable)	ÄHAS	C 22	caught caught
V. Elliott, Esquire			(A)	2	ĵ j
Cennedy Blyd Ste 200			ļn		
termedy Biva., Sie 200			L	ં	
		Florida <u>33602</u>			
(City)		(Zip c	ode)		
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(Registered ages	nt's signature)		y duties, and l		liar wit
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address of the person(s) who	has/have auth	ority to manage is/are:		am fami	
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iddress of the person(s) who Name and Address: Oleg A Koltunov	has/have auth	ority to manage is/are:		am fami	
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nddress of the person(s) who Name and Address: Oleg A Koltunov 301 W Platt St	has/have auth	ority to manage is/are:		am fami	
	V. Elliott, Esquire Kennedy Blvd., Stc 200 (City) gent and to accept service of the appointmen	V. Elliott, Esquire Kennedy Blvd., Stc 200 (City) gent and to accept service of process for	(City) . Florida 33602 (Zipc gent and to accept service of process for the above stated limite teby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agree to accept the agree to ac	V. Elliott, Esquire Kennedy Blvd., Ste 200 Florida 33602 (City) (City) (Zip code) gent and to accept service of process for the above stated limited liability con	da registered agent: (P.O. Box NOT acceptable) V. Elliott, Esquire Cennedy Blvd., Ste 200 Florida 33602

Typed or printed name of signee

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1.	The name of the limited !	iability company is NYC11 2022 House Capit	al LLC
in th	ne City of Dover	the limited liability company in the State of, Zip Code 19901	(street),
liabi	ility company may be served	such address upon whom process against things Registered Agent, Inc.	s limited
			·
		By: Authorized Person	
		Admonzed Person	
		Name: Oleg A. Koltunov	
		Print or Type	



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

DELAWARE, DO HEREBY CERTIFY "NYC11 2022 HOUSE CAPITAL 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

Authentication: 204908045

Date: 12-08-21