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(Requestor's Name)
(Address)
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S. ROBERTS

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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Greystone & Co. II LLC				
Name of Limited Liability Company					
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning	g this matter to the following:			
	Andrea Saullo				
	Name of Person				
	Greystone & Co. II LLC	3			
Firm/Company					
	152 West 57th Street, 60th Floor				
Address					
	New York, NY 10019				
City/State and Zip Code					
	andrea.saullo@greyco.c	com			
	E-mail a	address: (to be used for future annual report notification)			
For fur	ther information concerning this ma	tter, please call:			
Andrea Saullo		212 649-9700 at ()			
	Name of Contact				
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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:

Greystone & Co. II LI			
(Name of Foreign	Limited Liability Company: must include "Limited	Liability Company." "L.L.C.," or "LLC.")
(It name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited.	Liability Company," "L.L.C," or "LLC,")
Delaware 2		84-2539750 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	nber, (l'applicable)
N/A 4.			
	(Date first transacted business in Florida, if prior to rej (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)	
152 West 57th Stree 5.	t, 60th Floor	152 West 57th Street, 60	
(Street Address of Principal Office)		6. (Mailing Address)	
New York, NY 10019	}	New York, NY 10019	
			2022
7. Name and street addres	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	32301 Florida	
	(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.

Corporation Service Company Eulina Baket

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:		
□Manager	Name:	□Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized	New York, NY 10019	☐ Authorized	New York, NY 10019	
Person		Person		
President	Other	VP/CFO	Other	
□Manager	Name: Arthur Hatzopoulos	□Manager	Name:	
□Member	Address: 152 W 57th Street, 60th FL	☐ Member	Address: 57th Street, 60th FL	
□Authorized	New York, NY 10019	□Authorized	New York, NY 10019	
Person		Person		
Vice Presid	dent Other	■Other	Other	
∐Manager	Name:	☐ Manager	Name:	
□Member	Address:	□Member	Address:	
☐ Authorized	New York, NY 10019	□Authorized		
Person	,	Person		
Vice Presid	ent □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.

Signature of an exthorized pleson

Lisa Schwartz

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "GREYSTONE & CO. II 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 TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYSTONE & CO.

II LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2019.

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

Authentication: 202355279

Date: 01-10-22