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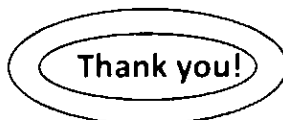
Name:	1900 Biscayne Property Owner LLC
Document #:	
Order #:	14096598

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<i>Please let us know if you used the money from the initial filing or if you charged our account.</i>	
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Document _____
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Ref# _____

Amount: \$ 155.00



1900 Biscayne Property Owner LLC
767 Fifth Avenue, Floor 50
New York, NY 10153

To Florida Secretary of State:

1900 Biscayne Property Owner LLC, a Florida limited liability company (the "Company") Document Number: L19000114193, organized under the laws of the state of Florida, hereby grants consent to use of the name 1900 Biscayne Property Owner LLC a Delaware limited liability company an affiliate of the Company in the filing of the Application by Foreign Limited Liability Company for Authorization to Transact Business with the Florida Secretary of State. The Company has no intention of reinstating and it acknowledges if it were to reinstate the Company would need to file a name change in addition to the reinstatement.

The purpose of this consent is to authorize the Florida Secretary of State to permit the above-described filing and use of name.

Sincerely

By: _____

Name: Laurent Morali

Title: Authorized Person

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1900 Biscayne Property Owner 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:

Zachary P. Rosenthal

Name of Person

Greenberg Traurig, P.A.

Firm/Company

333 S.E. 2nd Avenue

Address

Miami, FL 33131

City/State and Zip Code

rosenthalz@gtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary P. Rosenthal

305

579-0580

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. 1900 Biscayne Property Owner LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

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

5. c/o Kushner 6. c/o Kushner
(Street Address of Principal Officer) (Mailing Address)
767 Fifth Avenue, Floor 50 767 Fifth Avenue, Floor 50
New York, NY 10153 New York, NY 10153

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System
By: Stephanie Hencz, Asst. Secretary Stephanie Hencz
(Registered agent's signature)

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:

☒ Manager Name: Michelle A. Dreyer

☐ Member Address: 767 Fifth Avenue, Floor 50

☐ Authorized New York, NY 10153

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: James L. Grier

☐ Member Address: 767 Fifth Avenue, Floor 50

☐ Authorized New York, NY 10153

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

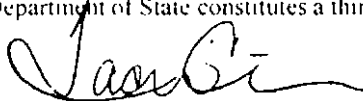
Person _____

☐ 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 authorized person

Tacori Collins

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 "1900 BISCAYNE PROPERTY 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

4637995 8300

SR# 20220125153

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

Authentication: 202396511

Date: 01-13-22

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767 Fifth Avenue, Floor 50
New York, NY 10153

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Sincerely

By: _____

Name: Laurent Morali

Title: Authorized Person

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SECRETARY OF STATE
TALLAHASSEE, FL 32399