## M22000002425

(	Requestor's Name)	
	Address)	
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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	
Certified Copies	_ Certificates o	f Status
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K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 471629 8310670

AUTHORIZATION :

COST LIMIT : \$ 125..00

ORDER DATE: February 11, 2022

ORDER TIME : 2:11 PM

ORDER NO. : 471629-010

CUSTOMER NO: 8310670

#### FOREIGN FILINGS

NAME: YBOR LL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUR.I	Ybor LL, LLC ECT:	
0 170		ame of Limited Liability Company
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	er to the following:
	Michelle Kaler	
		Name of Person
	Investcorp	
		Firm/Company
	280 Park Avenue, 36W	
		Address
	New York, NY 10017	
		City/State and Zip Code
	realestate@investcorp.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please	call:
	Michelle Kaler	212 7031215 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
•		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  \$125.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The alter	nate name must include "Limited Liabi	hty Company," "L.L.C," or "Ll.C	'n
Delaware 2.		3.			
(Jurisdiction under the law of v	which foreign limited hability company is organized)		(FEI number,	if applicable)	
2/11/2022					
4	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905; F.S. to deter	to registration ) mine penalty liabi	lity)	<del></del>	
280 Park Avenue, 3		28	0 Park Avenue, 36W		
5. (Street Address of Principal Office)	<del>,</del>	6	(Mailing Address)		
New York, NY 1001	7	Ne	w York, NY 10017		
				<b>~</b>	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	NOT acce	eptable)	22 FEB 15	APPR
Name:	Corporation Service Company			ED PH 12:	50¥
Office Address:	1201 Hays Street		<del></del>	12: 53	j.
	Tallahassee		32301 . Florida		
	(City)		(Zip code)	_	
	(5.113.)				

manage [up to six (6) total]: **Title or Capacity:** Name and Address: Title or Capacity: Name and Address: F. Jonathan Dracos J. Michael O'Brien □Manager □Manager 280 Park Avenue, 36W 280 Park Avenue 36W □Member □Member Address: New York, NY 10017 New York, NY 10017 □ Authorized ☐ Authorized Person Person President Vice President Other □Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: H. Herbert Myers □Manager □Manager Name: 280 Park Avenue 36W □Member □Member Address: \_\_\_\_\_ New York, NY 10017 □ Authorized □ Authorized Person Person Vice President □Other\_\_ Other □Other □Manager Name: \_\_\_\_\_ □Manager Name: ☐ Member Address: \_\_\_\_ Address: □Member ☐ Authorized ☐ Authorized Person Person □ Other Other\_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 H. Herbert Myers

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "YBOR LL, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YBOR LL, LLC"
WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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



Authentication: 202665686

Date: 02-15-22

6614907 8300 SR# 20220518338