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ALLAHASSEE, FLOW

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE : 571220 7561881

AUTHORIZATION Spelle man

COST LIMIT : \$ 125.00

ORDER DATE: March 24, 2022

ORDER TIME : 9:45 PM

ORDER NO. : 571220-005

CUSTOMER NO: 7561881

FOREIGN FILINGS

NAME: EIGHT AT EAST ACQUISITION 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:	Registration Section Division of Corporations	
SUBJE	Eight at East Acqusition LL	.C
0.010012	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida.
Please 1	eturn all correspondence concerning	g this matter to the following:
		Name of Person
	Corporation Service C	ompany
		Firm/Company
	1201 Hays Street	
		Address
	Tallahassee, FL 3230	1
		City/State and Zip Code
	astorozuk@starlightinve	st.com
	E-mail a	address: (to be used for future annual report notification)
For furt	her information concerning this man	tter, please call:
	Evan Kirsh	647 725-0417 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
		orig 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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alter	mate name must include "Limited Liab	ility Company," "L.L.C," or "L.L.C.")
Delaware 2.		2		
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	(FEI number,	if applicable)
4 .				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) tine penalty liabi	lityı	
3200 Innovation Wa	•	P.O. Box 1890		
5. Street Address of Principal Office)		6	(Mailing Address)	
Orlando, FL 32828		Sta	ation B	
		Mi	ssissauga, ON L4Y 3W6	5
				V.3
 Name and street address Name: 	Corporation Service Company	NOT acce	eptable)	FILEI 2022 MAR 25 SFEA HASSE FALLAHASSE
	_ ,	NOT acce	eptable) 	FILED 2022 MAR 25 AM 10: 1 SFEARING OF STA FALLAHASSEE, FLOR
Name:	Corporation Service Company 1201 Hays Street Tallahassee			FILED 2022 MAR 25 AM ID: 08 SFEATING OF STATE SFEATING SEE, FLORIDA FALLAHASSEE, FLORIDA
Name:	Corporation Service Company 1201 Hays Street Tallahassee		<u> </u>	FILED 2022 MAR 25 AM ID: 08 SFELLAHASSEE FLORIDA FALLAHASSEE FLORIDA

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: Name and Address: Name: Martin Liddell Name: Daniel Drimmer □Manager ■ Manager P. O. Box 1890 Address: P. O. Box 1890 □Member □Member Mississauga, ON L4Y 3W6 Mississauga, ON L4Y 3W6 □ Authorized □ Authorized Person Person **⊟**Other CEO CFO ■Other_ □Other____ □Other _____ Name: Evan Kirsh □ Manager □Manager Name: Address: __ P. O. Box 1890 □Member □Member Address: Mississauga, ON L4Y 3W6 □ Authorized ☐ Authorized Person Person Other_ □Other____ □Other_ □Other____ □Manager Name: □Manager Name: _____ Address: ____ □Member Address: □Member ☐ Authorized □ Authorized Person Person □Other □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. Evan Kirsh, President

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "EIGHT AT EAST ACQUISITION 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EIGHT AT EAST ACQUISITION LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 203004301

Date: 03-24-22