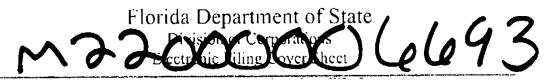
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Division of Corporations



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To:

Division of Corporations

Page 2 of 5

Fax Number : (850)617-6383

From:

59

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company The Bridge Operating, LLC

A 10	
Certificate of Status	
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



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Help

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

From: Lexus Wingo

IN COMPLANCE WITH SECTION 605/0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in H	orda. The alternate name must include "Limited Liabili-	its Company," "L.L.C," oc "L	3.C 1)				
Delaware		N/A						
(Jurisdiction under the law of w	high foreign limited hability company is organized)	3. (H.i manber, r	3. (Ef.) number, if applicable)					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) ne penalty liability)						
225 W. Broadway		225 W. Broadway						
treet Address of Principal Office)		6. (Mailing Address)						
New York, NY 10013		New York, NY 10013						
Name and silect address	ss of Florida registered agent: (P.O. Box	<u>,</u>	2022 APR 2:					
Name:	C T Corporation System		ω					
Name: Office Address:	1200 South Pine Island Road		8 AH IO:					
			; · · · · ·					
	1200 South Pine Island Road	* * ·	; · · · · ·	AND AND				

Assistant Secretary

Page, 4 of 5

8.	For initial indexing purposes, list names	title or capacity	and addresses of the	primary	members/	managers or	persons a	authorized to
ma	nage (up to six (6) total):							

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: The Bridge Holdeo, LLC	□ Manager	Name:	
■Member	Address: 225 W. Broadway	□Member	Address:	
□Authorized	New York, NY 10013	☐ Authorized		
Person		Person		
Other	□	Other		Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□ Member	Address:	<u> </u>
□Authorized		Z Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	☐ Manager	Name:	
□Member	Address:	☐ Member	Address:	
□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. 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.

/s/ An Sason		
	Signature of an authorized person	
Ari Sason		
	Typed or printed name of signes	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE BRIDGE OPERATING, 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-SEVENTH DAY OF APRIL, A.D. 2022.

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

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

6732766 8300

SR# 20221665634

Authentication: 203289069

Date: 04-27-22