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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COMITER & SINGER, LLP
Account Number : 120000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

2022 MAY -5 PM 1:34
TALLAHASSEE, FL

****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
G3 720-34TH LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 MAY -5 PM 9:25

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: G3 720-34TH 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:

Alan H. Baseman, Esq.

 Name of Person

Comiter, Singer, Baseman & Braun, LLP

 Firm/Company

3825 PGA Blvd., Suite 701

 Address

Palm Beach Gardens, FL 33410

 City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Alan H. Baseman, Esq.

561

626-2101

 Name of Contact Person

at (_____) _____
 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

☐ \$150.00 Filing Fee &
 Certificate of Status

☒ \$155.00 Filing Fee &
 Certified Copy

☐ \$160.00 Filing Fee, Certificate
 of Status & Certified Copy

H22000162126 0003 3

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CB 720-34TH LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(F.I.T. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.
(See Sections 605.001 & 605.005, F.S., to determine penalty liability.)

5. 300 Avenue of the Champions
(Street Address of Principal Office)

6. 300 Avenue of the Champions
(Mailing Address)

Suite 140

Suite 140

Palm Beach Gardens, FL 33418

Palm Beach Gardens, FL 33418

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

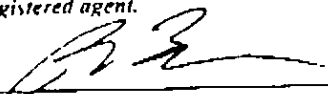
Name: Baer Asset Management Company

Office Address: 300 Avenue of the Champions, Suite 140

Palm Beach Gardens, Florida 33418
(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.


(Registered agent's signature)
Richard Baer

2022 MAY -5 PM 1:34
FALL MARIASSE

FILED

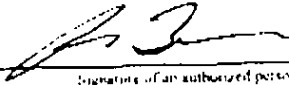
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: RB G3 Manager LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 300 Avenue of the Champions	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 140	<input type="checkbox"/> Authorized	_____
Person	Palm Beach Gardens, FL 33418	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Richard Baer, Authorized Representative

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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "G3 720-34TH LLC",
FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF APRIL, A.D.
2022, AT 9:35 O'CLOCK A.M.



6769040 8100
SR# 20221698533

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203308494
Date: 04-29-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:35 AM 04/29/2022
FILED 09:35 AM 04/29/2022
SR 20221691618 - File Number 6769040

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is G3 720-34TH LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 3411 Silverside Road Tatnall Building Ste 104 (street), in the City of Wilmington, Zip Code 19810. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporate Creations Network Inc.

By: Devon Goldberg
Authorized Person

Name: Devon M. Goldberg, Authorized Representative
Print or Type