

M22000008051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 20 PM 4:09
FILING OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


APPROVED
AND
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2022 MAY 20 AM 8:24

MAY 20 2022

K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 696101 7151027
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : May 19, 2022
ORDER TIME : 2:19 PM
ORDER NO. : 696101-040
CUSTOMER NO: 7151027

FOREIGN FILINGS

NAME: O TOWN HOSPITALITY 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: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O Town Hospitality 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:

Bridgett Dixon

Name of Person

Madison Square Garden Entertainment Corp.

Firm/Company

Two Pennsylvania Plaza

Address

New York, NY 10121

City/State and Zip Code

bridgett.dixon@msg.com

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

For further information concerning this matter, please call:

Bridgett Dixon

212

465-4179

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

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. Two Pennsylvania Plaza 6. Two Pennsylvania Plaza
(Street Address of Principal Office) (Mailing Address)
New York, NY 10121 New York, NY 10121

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company
By: Chelene Wiland AJP
(Registered agent's signature)

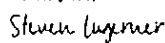
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|---|--|
| <input type="checkbox"/> Manager | Name: <u>TAO Group Operating LLC</u> | <input type="checkbox"/> Manager | Name: <u>Jason Strauss</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>Two Pennsylvania Plaza</u> | <input type="checkbox"/> Member | Address: <u>Two Pennsylvania Plaza</u> |
| <input type="checkbox"/> Authorized | <u>New York, NY 10121</u> | <input type="checkbox"/> Authorized | <u>New York, NY 10121</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Co-CEO</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Noah Tepperberg</u> | <input type="checkbox"/> Manager | Name: <u>Anthony Citarrella</u> |
| <input type="checkbox"/> Member | Address: <u>Two Pennsylvania Plaza</u> | <input type="checkbox"/> Member | Address: <u>Two Pennsylvania Plaza</u> |
| <input type="checkbox"/> Authorized | <u>New York, NY 10121</u> | <input type="checkbox"/> Authorized | <u>New York, NY 10121</u> |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Co-CEO</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>CFO</u> | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Steven Lugerner</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>Two Pennsylvania Plaza</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>New York, NY 10121</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>General Counsel and Corporate Secretary</u> | <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.

DocuSigned by

 2759445F-DE4F-4745-BD6E-EDC20AEA65BD

Signature of an authorized person

Steven Lugerner (for member: TAO Group Operating LLC)

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 "O TOWN HOSPITALITY 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 TWENTIETH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "O TOWN HOSPITALITY LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2022.

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



6809440 8300

SR# 20222181587

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.

Authentication: 203485131

Date: 05-20-22