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(R	equestor's Name)	
(A	ddress)	<u></u>
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. ROBERTS JUN - 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 726231 8351815						
AUTHORIZATION: Spelle Rear						
COST LIMIT : \$ 125.00						
ORDER DATE : June 6, 2022						
ORDER TIME : 2:03 PM						
ORDER NO. : 726231-005						
CUSTOMER NO: 8351815						
FOREIGN FILINGS						
NAME: ONECO 51 SENIOR GP LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

Registration Section

TO:

Div	ision of Corporations					
SUBJECT:	Oneco 51 Senior GP LLC					
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter t	o the following:				
	Hanna Jamar					
	•	Name of Person				
	Lincoln Avenue Capital					
		Firm/Company				
		Address				
	New York, NY 10019					
	C	City/State and Zip Code				
	hanna@lincolnavecap.com/ cclark@	Dlincolnavecap.com				
	E-mail address: (to be	e used for future annual report notification)				
For further in	nformation concerning this matter, please ca	li;				
Hanna Jamar		646 585-5525				
	Name of Contact Person	Area Code Daytime Telephone Number				
Reg	iling Address: gistration Section	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tai	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	elosed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

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:

	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liab	ility Company," "L.L.C," o	or "LLC.")
Delaware 2.		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number	, if applicable)	
l	No. Section 1 March 18 and 18			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration) penalty liability)		
401 Wilshire Blvd.		401 Wilshire Blvd.		
treet Address of Principal Office)		(Mailing Address)		
Suite 1070		Suite 1070		
Santa Monica, CA 90	D401	Santa Monica, CA 90401		
. Name and street address Name:	ss of Florida registered agent: (P.O. Box) Corporation Service Company	NOT acceptable)	022 JUN -6 /	
Office Address:	1201 Hays Street	<u> </u>	AK 10: 2	ر : ، تو ،
	Tallahassee	32301 , . Florida	۰. Gi	
	(City)	(Zîp code)		
lesignated in this applica	tance: gistered ugent und to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and agree to act in	this capacity. I fu	rther ag

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: _____ Jeremy S. Bronfman **■**Manager □Manager Name: 401 Wilshire Blvd Address: _____ Address: □Member □Member **Suite 1070** ☐ Authorized ☐ Authorized Santa Monica, CA 90401 Person Person □Other_ □Other □Other_ ___ □Other Name: _____ □Manager □Manager □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □ Other_____ □ Other____ □Other_____ Other____ □Manager Name: □Manager Name: _____ □ Member Address: □Member Address: ☐ 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 \$.817.155, F.S. Craig Clark Signature of an authorized person Craig Clark Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ONECO 51 SENIOR GP 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 SIXTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONECO 51 SENIOR GP LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2022.

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

Authentication: 203602560

Date: 06-06-22