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S. ROBERTS

JUN 2 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 764553 71366

AUTHORIZATION :

COST LIMIT : \$\(\mathcal{G}\)30.-00

ORDER DATE : June 22, 2022

ORDER TIME : 9:15 AM

ORDER NO. : 764553-035

CUSTOMER NO: 7136655

FOREIGN FILINGS

NAME: HARE KRISHNA CUTLER BAY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

то:		ation Section n of Corporations				
SUBJE		re Krishna Cutler Bay LLC				
SOBOL	···	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 re	eturn all	correspondence concerning this matter t	to the following:			
		Anna I. Dolan				
			Name of Person			
		Greenberg Traurig				
			Firm/Company			
		1717 Arch Street, Suite 400				
			Address			
		Philadelphia, PA 19103				
		C	City/State and Zip Code			
	ı	dolana@gtlaw.com				
	-	E-mail address: (to be	e used for future annual report notification)			
For furth	her infort	nation concerning this matter, please ca	II:			
Anna I. Dolan		. Dolan	215 988-7873			
		Name of Contact Person	at ()Area Code Daytime Telephone Number			
	Mailing Address:		Street Address:			
Registration Section			Registration Section			
	Division of Corporations P.O. Box 6327		Division of Corporations			
		ox 6327 assee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallalla	assec, 11, 32.314	Tallahassee, FL 32303			
	Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP .00 Filing Fee \$130.00 Filing Fee 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:

	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "L.L.C."		
name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")	
Delaware		_		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	registration.) ne penalty liability)		
2030 Avalon Parkwa	ay, Suite 200			
treet Address of Principal Office)	<u> </u>	6. (Mailing Address)		
McDonough, GA 302				
			<u></u>	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
2110 and 21100 addres	a or Frontal registered agent. (170. box	<u>ivor</u> acceptable)		
	Viiav Patel		2022 376	
Name:	Vijay Patel		2022 JU 335 C = 1 TALL	
	Vijay Patel 6903 Congress Street		2022 JUH 2 35(1) TALLASS	
Name: Office Address:			2022 JUN 22 1 35 C TALL ATAL	
		34654	2022 JUH 22 AMI SECEL TALL ADADDEE	
	6903 Congress Street	34654 , Florida(Zip code)	2022 JUN 22 ANTI: 3	
Office Address: egistered agent's accep	6903 Congress Street New Port Richey (City)	(Zip code)	2022 JUH 22 AM II: 33 SECTIALL ADADGE: ELECTION	
Office Address: egistered agent's accept aving been named as rej	New Port Richey (City) tance: gistered agent and to accept service of pa	(Zip code) rocess for the above stated limited	TALL AS A STATE OF THE PLAN OF	
Office Address: egistered agent's accept aving been named as replicated in this applicated comply with the provision	New Port Richey (City) tance: gistered agent and to accept service of pation, I hereby accept the appointment as ons of all statutes relative to the proper of	(Zip code) rocess for the above stated limited registered agent and agree to act	in this capacity. I further ag	
Office Address: egistered agent's accept aving been named as replicated in this applicated comply with the provision	New Port Richey (City) tance: gistered agent and to accept service of pation, I hereby accept the appointment as	(Zip code) rocess for the above stated limited registered agent and agree to act	in this capacity. I further 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: Hare Krishna FL 12 Holding LLC Name: ___ ____ □Manager □ Manager 2030 Avalon Pkwy, Ste. 200 **■**Member ☐ Member Address: McDonough, GA 30253 □ Authorized □ Authorized Person Person □Other □Other _ _ □ Other □ Other □Manager Name: ______ □Manager Name: ______ □Member Address: ______ ☐Member Address: ____ ______ □ Authorized □ Authorized Person Person Other___ □Other_____ □Other__ Other___ Name: _____ Name: ____ □Manager □Manager □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 s.817.155, F.S. ana I Dolan Signature of an authorized person Anna I. Dolan

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HARE KRISHNA CUTLER BAY 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-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARE KRISHNA CUTLER BAY LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2022.

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

e at corp.delaware gov/aut

Authentication: 203736004

Date: 06-22-22

6708032 8300 SR# 20222790440