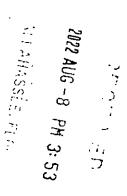
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S. FRANKLIN AUG - 9 2022 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 869561 4801730

AUTHORIZATION

COST LIMIT : \$ 425.00

ORDER DATE : August 8, 2022

ORDER TIME : 11:15 AM

ORDER NO. : 869561-005

CUSTOMER NO: 4801730

FOREIGN FILINGS

NAME: BAY DRIVE HAVEN 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

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited Liability Con	npany," "L.L.C," or "LLC."
Delaware		•	
Guasdiction under the law of w	which foreign limited liability company is organized)	3(FEI number, il applic	cable)
Upon registration			
	(Date first transacted business in Florida, if prior to registrat (See sections 605 0904 & 605 0905, F.S. to determine pena	ion) ity liability)	
c/o Bettina Equities,	230 East 85th Street		
eet Address of Principal Office)		(Mailing Address)	
New York, NY 10028	3		
			
			23
			<u>ر</u> ند ت
Name and street address	ss of Florida registered agent: (P.O. Box NO	Lacceptable)	
Name and street addres		<u>l</u> acceptable)	¹ ငှာ
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box NO	<u>L</u> acceptable)	
Name:	Corporation Service Company		8 P.3 2:
Name:	Corporation Service Company 1201 Hays Street		8 P.3 2:

(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]:

litle or Capacity:	Name and Address:	Title or Capacit	<u>tv:</u>	Name and Address
≣Manager	Name:	□Manager	Name:	
]Member	Address: c/o Bettina Equities,	□Member	Address:	
Authorized	230 East 85th Street	□Authorized		
Person	New York, NY 10028	Person		
]Other	Other	□Other		□Other
lManager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		2024
Person		Person		
]Other	Other	Other		□Other <u>~</u>
				. 2: 34
Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or printed name of signee

submitted in a document to the Department of the

Maria Caiola

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BAY DRIVE HAVEN LLC" IS DULY FORMED

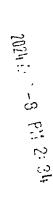
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAY DRIVE HAVEN LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2022.

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



Authentication: 204107093

Date: 08-08-22

6932255 8300 SR# 20223201094