Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

\*\*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 54 East Orlando II LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

S. FRANKLIN

AUG 2 4 2022

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 54 East Orlando II LLC (Nume of Foreign )	Limited Liability Company; must include "Limited	I Liability Co	mpany,""L.L.C.," or "LLC.")	
N/A				
I name mayadable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The akter	nate name must include "Limited Liability Compan	y," "L.L. C," or "L.
Delaware		3	(FEI number, if applicable	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI number, if applicals		)
Upon filing of this app	lication			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ) ine penalty liab	ilaty)	
575 Madison Avenue, 10th Floor			5 Madison Avenue, 10th Floor (Mailing Address)	285
street Address of Principal Office)			(Mailing Address)	·
New York, New York 10022		New York, New York 10022		F. C 23
				3 Pil
1. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	eptable)	2
Name:	Corporate Creations Network Inc.			
Office Address:	801 US Highway I		<u> </u>	
	North Palm Beach		33408 , Florida	
	(Circ)		(Zin code)	

## Registered agent's acceptance:

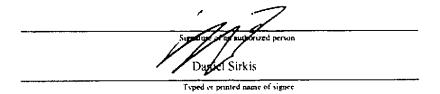
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

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 Canacity:	Name and Address:	
□Manager	Name: Daniel Sirkis	□Manager	Name: 54 East Orlando Pariners, LLC	
□Member	Address:	■Member	Address: 575 Madison Avenue, 10th Floo	
Authorized	New York, New York 10022	□Authorized	New York, New York 10022	
Person		Person		
□Other	□Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	- 23	
□Other	□Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	COther	□Other	□ Other	

<u>Important Notice:</u> 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 8,817,155, F.S.





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

DELAWARE, DO HEREBY CERTIFY "54 EAST ORLANDO II 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-THIRD DAY OF AUGUST, A.D. 2022.

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

2022: 23 Pil 1: 14



Authentication: 204227273