Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 NORA West 10-11 Holdco LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLIANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iame unavailable, enter alternate p	ame adopted for the purpose of transacting business in Flor	ids. The	alternate name must incl	ude "Limited Liability Company,"	"L.L.C," or "[
Delaware	hich foreign limited liability company is organized)	3. (FEI number, if ap			plicable)
	(Date first transacted business in Florids, if prior to re (See certions 605,0904 & 605,0905, F.S. to determine	gistratio penalty	n.) Hability)		۲-
1105 N Dixie H	lwy	6.	1105 N D	ixie Hwy	922 :
el Address of Principal Office)			(Mailing Addres	x)	ر -'
West Palm Beach, FL 33401 Wes		West Palm B	st Palm Beach, FL 33401		
					2022 \$.7 15 16111
Name and street address	s of Florida registered agent: (P.O. Box	TON	acceptable)		
Name:	Corporate Creations Network	Inc.			
Office Address:	801 US Highway 1				
	North Palm Beach		. Florida	33408	
(City)			(Zip code)		

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.

/s/ Caitlin Lazarus	Caitlin Lazarus, Special Secretary					
(Registered agent's signature)						

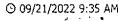
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>e.</u>	Name and Address:
Manager	Name: NORA Holdings LLC	□Manager	Name:	
□Member	Address: 1105 N Dixie Hwy	□Member	Address:	
□Authorized	West Palm Beach, FL 33401	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		20:12
Person		Person		<u> </u>
Other	Other	[]Other		[]Other
				Fig. 11: 12
□Manager	Name:	□Manager	Name:	: 12
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u></u>
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. 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.

/s/ Caitlin Lazarus	
Signsture of an authorized person	
Caitlin Lazarus, Attorney-in-Fact	
Typed or printed name of signee	





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

DELAWARE, DO HEREBY CERTIFY "NORA WEST 10-11 HOLDCO 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORA WEST 10-11 HOLDCO LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

2022 S. 15 Kirlli I



Authentication: 204428779

Date: 09-19-22

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