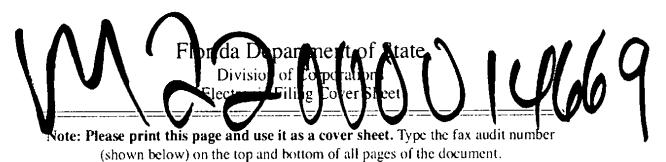
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. To Doing so will generate another cover sheet.

To:

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 East Spruce Holdco LLC

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

S. FRANKLIN

SFP 2 2 2022

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company: must include "Limite	d Ciability	Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate o	name adopted for the purpose of transacting bustness in F	londs. The al	ternate name must include "Limited Liability Company."	LLC," or "LLC."
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)	
4				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, P.S. to determ	registration) ine penalty li	ebelity)	
1105 N Dixie Hwy 6.		6	1105 N Dixie Hwy	
(Street Address of Principal Office)			(Mailing Address)	- 3
West Palm Beach	, FL 33401	V -	Vest Palm Beach, FL 33401	2022
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT ac	eceptable)	6:11:12
Name:	Corporate Creations Network	k Inc.	<del></del>	12
Office Address:	801 US Highway 1		<u></u>	
	North Palm Beach		, Florida	
	(City)		(Zip 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.

/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 Capacit	<u>V:</u>	Name and Address:
<b>X</b> ∃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:	<del>_</del>
□Member	Address:	□Member	Address:	
□Authorized	· · · · · · · · · · · · · · · · · · ·	☐Authorized		
Person		Person		2021
Other	Other	[]Other		□Other □
				21
□Manager	Name:	□Manager	Name:	<u></u>
□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	
Signature of an authorized person	
Caitlin Lazarus, Attorney-in-Fact	
Typed or printed name of signee	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORA EAST SPRUCE 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 EAST SPRUCE 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.

71:11:10 S1:5600



7033643 8300

SR# 20223563428

You may verify this certificate online at corp.delaware.gov/authver.shtml

Servicery W. Bullack, Secretary of State

Authentication: 204428721

Date: 09-19-22