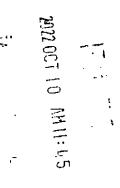
## M22000015623

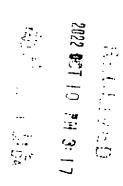
	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u></u>	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
,	
Special Instructions to	Filing Officer:





900395779389





S. ROBERTS 0CT 1 0 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 978534 7882843

AUTHORIZATION : Spelle le sa

COST LIMIT : /\$\dagger125.00

ORDER DATE: September 28, 2022

ORDER TIME : 1:44 PM

ORDER NO. : 978534-020

CUSTOMER NO: 7882843

## FOREIGN FILINGS

NAME: TNG MWC TRUSTEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

## COVER LETTER

.

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	TNG MWC TRUSTEE LLC	
SUBJE	CT:	ne of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter	to the following:
	HUGH MACKAY	
		Name of Person
	THE NAFTALI GROUP	
		Firm/Company
	152 West 57th Street, 45th Floor	
		Address
	New York, NY 10019	
		City/State and Zip Code
	hmackay@naftaligroup.com	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please of	call:
	HUGH MACKAY	at () Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$125.00 Filing Fee  \$130.00 Filing E	EPARTMENT OF STATE  Fee &   \$\Boxed{\Boxesia}\$ \$\$155.00 \text{ Filing Fee} &   \$\Boxed{\Boxesia}\$ \$\$160.00 \text{ Filing Fee}, \text{ 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:

name unavanabie, enter affernale :	name adopted for the purpose of transacting business in Flo	nda. The alterno	ite name must include "Limited Liability C	ompany," "L.L.C,"	or "LLC.")	
DELAWARE		_				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		٠٠	(FEI number, if app	olicable)		
~=		· · · · · ·				
	(Date first transacted bisiness in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) e penalty liabili	5)1			
152 W 57th STREET, 45th Floor			W 57th STREET, 45th Flo	or		
5. Street Address of Principal Office)			(Mailing Address)			
NEW YORK, NY 10019			NEW YORK, NY 10019			
		-		<del></del>		
				41	130 Z OCT	
					<del>-</del> 6	
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	etable)			
					0	
	Corporation Service Company				AM III: 4	
Name:			<del></del>	•	=	
Office Address:	1201 Hays Street			1 .	5	
Office Address.			_			
	Tallahassee		32301 , Florida			
(City)			, Florida			

Assistant Vice President

(Registered agent's signature)

Ву:

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:
□Manager	Name: YOSI MANOR	□Manager	Name: GARY COHEN
□Member	Address: 152 W 57th STREET, 45th F	□Member	Address: 152 W 57th STREET, 45th F
■Authorized	NEW YORK, NY 10019	<b>≘</b> Authorized	NEW YORK, NY 10019
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
indexed individuals 9. Attached is a certi	se an attachment to report more than six (6). The may be added to the index when filing your Flouristate of existence, no more than 90 days old, declaw of which it is organized. (If the certificate	e attachment will be imag rida Department of State July authenticated by the c	ged for reporting purposes only. Non- Annual Report form.

Signature of an amborized person

Typed or printed name of signee

YOSI MANOR

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TNG MWC TRUSTEE 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 TENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TNG MWC TRUSTEE LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2022.

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



Authentication: 204585915

Date: 10-10-22