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Account#: 120000000088 October 21, 2022 **Janelle Davis** Name:\_\_\_ Reference #:\_\_\_\_\_\_ **1812258 LNR AIV LLC** Entity Name:\_\_\_\_\_ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other \_\_\_\_\_ Authorized Amount: \_\_\_ \_\_

+1.212.947.7200

## COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
our I	1.000	LN	NR AIV I	_LC				
SUBJI	CI:	Name (	of Limited	Liability C	Company		•	
The en Exister	closed "Application by Forci nce, and check are submitted	gn Limited Liability Co to register the above ref	mpany for ferenced fo	· Authoriza oreign limit	tion to Trans ed liability co	act Business in Florida. Ompany to transact busi	' Certificate of ness in Florida.	
Please	return all correspondence co	ncerning this matter to t	he followi	ng:				
		Αi	nthony F	<sup>o</sup> asqua				
		_	Name of	Person	-	-	•	
	Kennedy Lewis Management LP							
		•	Firm/Cor	npany			-	
	111 West 33rd Street, Suite 1910							
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ror iu	ther information concerning	this matter, please can;					-ri	
	Anthon	y Pasqua	at (	212	_)	782-3482	<u>.</u> ,	
	Name of	Contact Person		Area Code	Daytir	ne Telephone Number	 	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Registration Clifton Buil	Corporations 1 Section 1 Iding 1 tive Center Circle		
	Enclosed is a check for the Please make check payabl		ee& [	□ \$155.00	TE Filing Fee & ied Copy	≿ ☐ \$160.00 Filing of Status & Ce		

## 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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	e adopted for the purpose of transacting busines	ss in Flortda. The alto	mate name must include "Limited Liability	Company," "L.L.C," or "
	elaware	3.	(FEI number,	
isdiction under the law of which	r foreign limited liability company is organized	)	(FEI number, )	f applicable)
	(Date first transacted business in Florida, if	prior to registration )		
111 West 33rd S	(See sections 605,0904 & 605,0905, F.S. to Street, Suite 1910	determine penalty li	տեմոչ։ 111 West 33rd Stree	et Suite 1910
(Street Address of Prin		6	(Mailing Address	
	NY 10120		New York, NY	
		-		₽w.
	of Florida registered agent: (P.O	- - ). Box <u>NOT</u> ac		
				(F.)
me and <u>street address</u> (	of Florida registered agent: (P.O	BAL INC.		(F.)
me and <u>street address</u> o	of Florida registered agent: (P.O	SAL INC. St. Suite 4		(F.)

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: Name: Kennedy Lewis Management LP Manager Manager Manager Name: 111 West 33rd Street Address: \_\_\_\_\_ Address: Member Member **Suite 1910** Authorized [ ] Authorized New York, NY 10120 Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other Manager Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Member Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Name: Manager Manager Name: Address: Member Address: Authorized ☐ Authorized 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. Nonindexed 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. Signature of an authorized person

Anthony Pasqua, Authorized Person
Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LNR AIV 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 TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LNR AIV LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2022.

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

7622: 121 F. 7:11



Authentication: 204668657

Date: 10-20-22