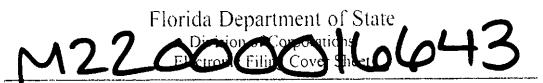
10/31/22, 2:11 PM

Division of Corporations



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.

(((H220003721513)))



H220003721513ABCX

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 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 SNL 4343 NW 77TH AVENUE, LLC

Certificate of Status	0
Certified Copy	l
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

From: James Tanks

To:

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

2022-10-31 12.53:06 CST

IN COMPLIANCE WITH SECTION (05/08/02, FLORIDA STATUTES, THE FOIL OWING IS SURMITTED) TO REGISTER A FOREIGN LIMITED HABILITY COMP. INVTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Toroign	lamited Bability Company; miss include "Finited	Tiability Compa	Wall C' of a Car	_	<b>-</b>
(I) name anavasishle, enter alternate s	ame adopted for the purpose of transacting business in El	orida. The alternate i	ance must multiple "Lamited Error	thty Company,""I, L.C." or	_ .rrrr;1
Delaware 2.	high tereign limited liability company is organ zed)	3	(H.Lingmber,		_
(Jursed etran under the law of w	hich tereign limited liability company is organ zed)		(F).J nymber,	, d applicable)	
4.	(Date first parsacted business in Florida of prior to 18ee sections 607 0004 a. 608 (908, F.S. to determine	(egistiarion ) ine penalty flability (			
4 Embarcadoro Conter, Suite 3300 5. (Street Address of Principal Office)		4 Emb	arcadero Center, Suite	3300	
Street Address of Principal (Hiller)		16	Johny Address		•
San Francisco, CA 941	11	San Fi	anciseo, CA 94111		_
		<u> </u>		<u>23</u>	_
7. Name and <u>street addres</u>	<u>s</u> of Florida registered agent: 1P.O. Box	NOT accepta	ble)	322 OCT 3	IT ;
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road			AM 10: 43 (13.15.16) (13.16.16)	,
	Plantation		33324 , Fforida		
	(City)		(Zip cede)		

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.

C T Corporation System	
By: JamesHTanksIII Assistant Secretary	
(Registered again'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>v:</u>	Name and Address:
□Manager	Name: David Egan	□Manager	Name:	
■Member	Address: 4 Embarcadero Center ste3300	□Member	Address:	
□Authorized	San Francisco, CA 94111	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐ Authorized		□Authorized		
Person		Person		
□Other	□Other	Other		□Other
□Manager	Name:	□Manager	Name:	<u> </u>
□Member	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. 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.

NOB OBUL	
	Signature of an authorized person
NB Bush	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SNL 4343 NW 77TH AVENUE, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2022.

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

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

Authentication: 204742690

Date: 10-31-22