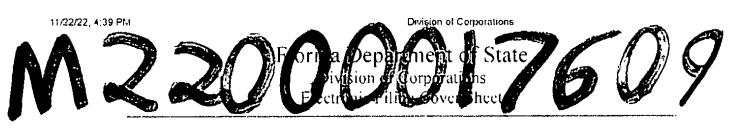
Page: 3 of 6



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: | | £7. |
| 10. | Division of Corporations | ÷. |
| | Fax Number : (850)617-6383 | |
| From: | | |
| | Account Name : C T CORPORATION SYSTEM | • |
| | Account Number : FCA000000023 | |
| | Phone : (954)208-0845 | |
| | Fax Number : (614)573-3996 | |
| an | the email address for this business entity to be unual report mailings. Enter only one email address | |
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| \$155.00 |
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Electronic Filing Menu

Corporate Filing Menu

Help

From: Kaity

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | ame adopted for the purpose of transacting business in Fl | lorida. Ebe alternote na | me must include "Lamited Earli | ulity Company," "L. I. |
|----------------------------------|--|-------------------------------------|--------------------------------|------------------------|
| Delaware | | 20 -4 05 3. | | |
| (Jurischetion under the law of w | high foreign limited liability company is organized) | J | (applicable) | |
| Upon qualification | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ | registration) me penalty hability) | | |
| | of Florida, aun: M. Kanoff | SAME | | |
| reet Address of Protopal Office) | s. | 6 | thog Address) | |
| 3500 Flamingo Dr. | | | | |
| Miami Beach, FL 331 | 40 | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptab | le) | |
| Name: | C T Corporation System | | | <i>?</i> |
| Office Address: | 1200 S. Pine Island Road, Suite 250 | | | T- |
| | Plantation | | 33324 Florida | |
| | (Cuv) | · | (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.



From: Kaity

| Title or Capacity: | Name and Address: | Title or Capacity | <u>r:</u> | Name and Address: |
|--------------------|-------------------------------------|-------------------|--------------|-------------------|
| ■Manager | Name: Michael Kanoff | ☐ Manager | Name: | |
| □Member | Address: c/o Berta Management of FL | □ Member | Address: | |
| □Authorized | 3500 Flamingo Dr. | ☐ Authorized | | |
| Person | Miami Beach, FL 33140 | Person | . | <u></u> .,, |
| □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 |

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.

| 1st Doborah Minta | |
|--|--|
| Signature of an authorized person | |
| Deborah Mintz, Authorized Representative | |
| Typed or printed name of signer | |

Page: 6 of 6



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CL 305 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CL 305 LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

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

6599852 8300

SR# 20224005821

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

7.

Authentication: 204845389

Date: 11-14-22