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(Requestor's Name)	_
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Configuration of Statut	
Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 166504 7131809

AUTHORIZATION :

COST LIMIT : \$ 136/00/

ORDER DATE: November 30, 2022

ORDER TIME : 4:49 PM

ORDER NO. : 166504-005

CUSTOMER NO: 7131809

·----

FOREIGN FILINGS

NAME: MHC 138 (FLORIDA PROPCO) LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

	tion Section of Corporations	
MH ^e SUBJECT:	C 138 (FLORIDA PROPCO) LLC	
	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please return all c	orrespondence concerning this matter t	to the following:
	Raquel Mehlman	
		Name of Person
	Reed Smith LLP	
		Firm/Company
	200 S Biscayne Blvd.	
		Address
	Miami, Florida 33131	
	C	City/State and Zip Code
_	F-mail address: (to be	e used for future annual report notification)
For further inform	ation concerning this matter, please ca	·
	2	
		at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing A	Address:	Street Address:
	ntion Section	Registration Section
	n of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallaha	ssee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please ma	is a check for the following amount: ake check payable to: FLORIDA DEF 00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, 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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavariable, enter alternale i	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liability (Company," "L.L.C," o	or "LLC
Delaware		3.	(FEI number, if ap		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if ap	plicable)	
n/a					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration	i) iiability)		
41 Flatbush Avenue		6.	41 Flatbush Avenue, Suite 3C		
eet Address of Principal Office)		0.	(Mailing Address)	·-···	_
Brooklyn, NY 11217			Brooklyn, NY 11217		
				r~	
				MACCAIN	<u>}</u>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		7
					<u>i</u>
Name:	Corporation Service Company				70 21
	1201 Hays Street			9:	PK 12: 51
	1201 Flays Offeet				2
Office Address:				-	

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.

Corporation Service Company

By Clexis Weiterd assistant va president

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: Elizabeth Raun Schlesinger □Manager Name: □Manager Name: 41 Flatbush Avenue □Member □Member Address: Suite 3C ■Authorized ☐ Authorized Brooklyn, NY 11217 Person Person □Other Other Other □Other □Manager Name: □Manager □Member Address: □Member ☐ Authorized ☐ Authorized Person Person □Other □Other □Other □Other □Manager □Manager Name: _____ Address: ■ Member Address: _____ □Member ☐ 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. 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.

Typed or printed name of signee

Raquel Mehlman

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MHC 138 (FLORIDA PROPCO) 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 THIRTIETH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHC 138 (FLORIDA PROPCO) LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2021.

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





Authentication: 204970365

Date: 11-30-22

6024962 8300 SR# 20224139358