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To:

Page: 1 of 4

Division of Corporations

Fax Number : (850)617-6383

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Account Mames : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0977 Fax Number : (845)818-3588

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Foreign Limited Liability Company Double Twins K Redwood, LLC

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JAN Freip-23

To

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

(Name of Foreign Limited Liability Company; mast include "Limited Liability Company," "L.C." of "LLC.") Included a substitute of the law of which foreign himself liability company is organized. Delaware (Constituted a liability company is organized) December 19, 2022 (Constituted basis of which foreign himself liability company is organized) (Constituted basis of which foreign himself liability company is organized) (Constituted basis of which foreign himself liability company is organized) (Constituted basis of which foreign himself liability company is organized) (Constituted basis of the liability company is organized in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I Jurther as comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent.	Double Twins K	NESS INTHE STATE OF FLORIDA: Redwood, LLC						
Delaware (Iteraticion under the law of which flowing himsel Hability company is organized) December 19, 2022 (Data first termancial business in Florida, if piece to represented) (See section 601 0004 & 003 0005, F.S. to determine persony inhibity) 250 West 55th Street, 26th Floor 6.			а Цавину С	ompany," "L.L.C.	," or "LLC.")			
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To:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

itle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address
∃Manager	Name: Ruben Kliksberg	□ Manager	Name:	
⊒Member	Address: 250 West 55th Street, 26th Floor	□Member	Address:	
S Authorized	New York, NY 10019	□Authorized		
Person.		Person	<u></u>	
□Other	□Other	i]]Other		Other
]Manager	Name:	□Monager	Name:	
]Member	Address:	☐ Mcmber	Address: _	
_iAuthorized		[]Authorized		
Person		Person		
⊒Other	COther	□Other		□Other
∃Manager	Name:	□ Manager	Name:	
2 Member	Address:	□Me;nber	Address: _	
☐ Autho:iz e d		□ Authorized		
Person		Person		
□Other	[]Other	□ Other		Other

jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under path 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 \$.817.155, F.S.

Linder
Signatule of an authorized person
Ruben Kliksberg
Typed or printed mame of signre

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DOUBLE TWINS K REDWOOD, 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 THIRTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOUBLE TWINS K REDWOOD, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2022.

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

e at corp. delaware gov/auth

Authentication: 202492008

Date: 01-13-23