M230001235

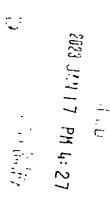
(Re	equestor's Name)		
(Ad	idress)		
(Ac	ldress)		
(Ĉi	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	rsiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300400349823

01/17/23--01033--022 **125.00



T. LETTEUX

COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJ	NP154, LLC ECT:		
		Name of Limited Liability Company	
The er Existe	nclosed "Application by Foreign Limited Lial nee, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this ma	atter to the following:	
	John Weiss		
	Name of Person		
	Shelving Rock, LLC		
	Firm/Company		
	601 Brickell Key Dr. Ste 700	601 Brickell Key Dr. Ste 700	
	Address		
	Miami, FL 33131	Miami, FL 33131	
	City/State and Zip Code		
	jweiss@shelvingrock.com		
	E-mail address:	(to be used for future annual report notification)	
For fu	rther information concerning this matter, plea	ase call:	
John Weiss		203 993-6224 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amore Please make check payable to: FLORIDA S125.00 Filing Fee \$130.00 Filing Certification \$ \$125.00 Filing Fee \$130.00 Filing Fee \$100.00 Fi	DEPARTMENT OF STATE	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NP154, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") NP154, LLC2 (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 30-0884940 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI pumber, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) NP154, LLC NP154, LLC (Street Address of Principal Office) 601 BRICKELL KEY DR SUITE 700 601 BRICKELL KEY DR SUITE 700 MIAMI, FL 33131 MIAMI, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida (City)

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

(Registered agent's signature) Mark Holloway, Asst. Sec.

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Stephen Lamando Name: _____ ■ Manager □ Manager 601 Brickell Key Dr. ⁴□Member Address:] □Member Address: Ste 700 ☐ Authorized ☐ Authorized Miami, FL 33131 Person Person □Other_____ Other____ Other □Other_____ Brian Newman □Manager Name: □ Manager Name: _____ 601Brickell Key Dr. □ Member Address: " □Member Address: Stc 700 Authorized □ Authorized Miami, FL 33131 Person Person □Other □Other___ Other Other____ □ Manager Name: _____ Name: _____ □Manager □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. 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. Caro-Signature of an authorized person

Typed or printed name of signee

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



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

DELAWARE, DO HEREBY CERTIFY "NP154, 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 THIRD DAY OF JANUARY, A.D. 2023.

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

Authentication: 202409934

Date: 01-03-23