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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : I20220000023

: (800)221-2972

Fax Number

: (917)243-5843

計画 注表所で the email address for this business entity to be used for future

Therefore the email address for this business entity to be used for functional annual report mailings. Enter only one email address please.\*\*

Therefore the email address for this business entity to be used for functional address please.\*\*

Therefore the email address for this business entity to be used for functional address please.\*\*

## Foreign Limited Liability Company Norlinstone, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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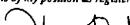
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Norlinstone, LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate	came adopted for the purpose of transacting business in F	ionda, The alternate name must include "Lamited Liability	Company," "L.L.C." or "Life	
DELAWARE  (Surrediction under the law of which foreign limited liability company is organized)		APPLIED FOR		
UPN FILIN	IG			
	(Date first transacted businers in Florida, if prior in (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	-	
ONE PENN PLAZA, 6TH FLOOR		ONE PENN PLAZA, 6TH FLO	OR	
treet Address of Principal Office		6. (Mailing Address)		
• •		(sample Virginia)		
NEW YORK, NY 10119		NEW YORK, NY 10119		
			2023 HAY	
			<u> </u>	
M. 1	CTIL I		全型 艺	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	6 ESS	
			1-1-1	
	Registered Agent Solutions, Inc.		그 그들의 프	
Name:				
	2894 Remington Green Ln., Ste. A		ELORAD EL STATE	
Office Address:	200,000	<del></del>	Figure 4	
	Tallahassee	32308		
	- oriminate	. Florida		
	(City)	(7 in 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.



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:
□Manager	Name: Mattjacale, LLC	□Manager	Name:	
XiMember	Address:	□Member		
□Authorized	6TH FLOOR	□∧uthorized		
Person	NEW YORK, NY 10119	Person		
□Other	Other	[]Other	<u></u> i	Other
□Manager	Name:	□Manager	Name:	-18-49-5-1-1-1-1
□Member	Address:	UMember	Address:	
☐ Authorized		□Authorized		
Person		Person		
□ Other	Other	□Other	<del></del> -	Other
□Managor	Name:	□Managor	Name:	
⊡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 filling 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 8.817.155, F.S.

Jeffrey Feinman

JEFFREY FEINMAN

Pyred to printed time of signee

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORLINSTONE, 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 NINTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORLINSTONE, LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2023.

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



Jeffrey of Buffock, Secontary of State