Florida Department of State

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(((H23000239190 3)))



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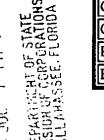
Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company ELLIOT COCOPLUM BORROWER, LLC



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H23000239190

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:

Elliot Cocoplum Borrov	wer, LLC			
(Name of Foreign I	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate o	ame adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Liabi	lity Company," "L.L.C," or "LLC.")
Delaware		3.		
(Jurisdiction under the law of wh	ich foreign limited lizbility company is organized)		(FEI number,	if applicable)
·				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration ine penalty	i.) liability)	
461 Fifth Avenue, Floor 16		6.	461 Fifth Avenue, Floor 16	
reet Address of Principal Office)		•••	(Mailing Address)	
New York, New York 1	0017		New York, New York 10017	
				20
				2023 JUL -7 SEORE TAR TALLAHA
Name and street address	of Florida registered agent: (P.O. Box	NOT 8	ecceptable)	
				£0.≺:
Name:	Capitol Corporate Services, Inc.			PM S SEE.
Office Address:	515 E. Park Avenue, 2nd FL			PM 9: 34 OF STATE SEE. FI.
	Tallahassee		, Florida 32301	•
	(City)		(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.

him Tadlock	Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.	
	(Registered agent's signature)	

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8. For	initial indexing purposes, I	ist names, title or capacity	and addresses of the primary	members/managers or persons	authorized to
manage	(up to six (6) total):		•		

Title or Canacity:	Name and Address:	Title or Capacity;	Name and Address:
□Manager	Name: Elliot Cocoplum JV, LLC	□Manager	Name:
■Member	Address: 461 Fifth Avenue, Floor 16	□Member	Address:
☐Authorized	New York, New York 10017	□Authorized	
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	[]Manager	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 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.

Signature of an authorized person
Frank Roessler

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "ELLIOT COCOPLUM BORROWER, 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 SEVENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELLIOT COCOPLUM BORROWER, 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.

7452242 8300

SR# 20232946171

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

Company of State State of State Stat

Authentication: 203702633

Date: 07-07-23