

M23000010167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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AND
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2023 AUG -4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 AUG -4 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2023
K. Brumbløy



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyllena Baker
Ext:
Date: 08/03/23
Order #: 1244144-1
Re: 2143 Nw 1st Avenue Food And Beverage, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

1200000001951

auth

A handwritten signature in black ink, appearing to read 'Eyllena Baker', is written over the word 'auth' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2143 NW 1st Avenue Food and Beverage, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Entity Management
Name of Person
Cantor Fitzgerald, L.P.
Firm/Company
110 E 59th St, 7th Fl
Address
New York, NY 10022
City/State and Zip Code
Entity_Management@cantor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linh Nguyen at (212) 829-4843
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. 2143 NW 1st Avenue Food and Beverage, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 251 Little Falls Drive (Street Address of Principal Office)
Wilmington, DE 19808
6. Entity Management, Cantor Fitzgerald, L.P. (Mailing Address)
110 E 59th St, 7th Fl
New York, NY 10022

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED

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.

By: Eyleima Bahar Assistant Vice President
(Registered agent's signature)

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:**

Manager Name: Knotel Holdings, LLC

Member Address: 125 Park Avenue

Authorized New York, NY 10017

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Barry Gosin

Member Address: 110 E 59th St

Authorized New York, NY 10022

Person _____

Other _____ Other _____

Manager Name: Michael Gross

Member Address: 110 E 59th St

Authorized New York, NY 10022

Person _____

Other _____ Other _____

Manager Name: Eric Gross

Member Address: 110 E 59th St

Authorized New York, NY 10022

Person _____

Other _____ Other _____

Manager Name: Michael Rispoli

Member Address: 110 E 59th St

Authorized New York, NY 10022

Person _____

Other _____ Other _____

Manager Name: Joshua Davis

Member Address: 110 E 59th St

Authorized New York, NY 10022

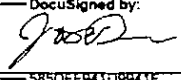
Person _____

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.

DocuSigned by:

585DFF94109941F...

Signature of an authorized person

Joshua Davis
Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2143 NW 1ST AVENUE FOOD AND BEVERAGE, 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 AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2143 NW 1ST AVENUE FOOD AND BEVERAGE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2023.

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



7591276 8300

SR# 20233158489

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203888727

Date: 08-03-23