

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-6845
Fax Number : (614)573-3996

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

Email Address: kkumar@kushner.com

Foreign Limited Liability Company
9300 COLLINS OWNER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2023 AUG 29 AM 2:27

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 29 AM 4:34
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

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. 9300 Collins Owner LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, alternate name to be adopted for the purpose of transacting business in Florida. (The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (If "Number" is applicable)

4. (Date first to transact business in Florida (prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. c/o Kushner Companies
(Street Address of Principal Office)

6. c/o Kushner Companies
(Mailing Address)

767 5th Avenue 50th Floor

767 5th Avenue 50th Floor

New York, New York 10153

New York, New York 10153

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

Name. C T Corporation System

Office Address 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: /s/Kimberly Baggett Kimberly Baggett, Asst. Secretary
(Registered agent's signature)

FILED
2023 AUG 29 AM 11:44
STATE OF FLORIDA
TALLAHASSEE

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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Charles Kushner</u>	☐ Manager	Name: _____
☐ Member	Address: <u>c/o Kushner Companies</u>	☐ Member	Address: _____
☐ Authorized	<u>767 5th Avenue, 50th Floor</u>	☐ Authorized	_____
Person	<u>New York, NY 10153</u>	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 § 817.155, F.S.

/s/Charleskushner

Signature of an authorized person

Charles Kushner

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "9300 COLLINS OWNER 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7628279 8300

SR# 20233360977

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

Authentication: 204052333

Date: 08-28-23