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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

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## Foreign Limited Liability Company Treasure Coast MZL LLC

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#### H240000610613)

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Treasure Coast MZL 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.") (Jurisdotton under the law of which foreign lumited liability company is organized) (Date first transacted bininess in Floride, if prior to registration.)
(See sections 605 9904 & 605 0905, F.S. to determine penalty liability) 535 Fifth Avenue, 12th Floor 535 Fifth Avenue, 12th Floor (Street Address of Principal Office) New York, NY 10017 New York, NY 10017 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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. Corporation Service Company (Registered agent's signature)

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### H240000610613)

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

Title or Capacity:	Name and Address:	Title or Capacity:	
□Manager	Name: Treasure Coast Holding LLC	□Manager	Name:
■Member	Address: 535 Fifth Avenue, 12th Floor	□Member	Address: 7280 W Palmetto Park Ro
∐Authorized	New York, NY 10017	<b>■</b> Authorized	Ste 105
Person		Person	Boca Raton, FL 33433
Other	☐ Other	⊡Other	□Other
□Manager	Daniel Kaufthal	□Manager	Name:
□Member	Address: 7280 W Palmetto Park Rd	□Member	Address:
■ Authorized	Ste 105	∐Authorized	
Person	Boca Raton, FL 33433	Person	
Other	[]Other	[]Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	□Otheт	Other	

- 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.

/s/ Daniel Kaufthal	
	Signature of an authorized person
Daniel Kaufthal	
	Typed or omited name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREASURE COAST MZL 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREASURE COAST MZL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2024.

Authentication: 202801998

Date: 02-13-24