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(1	Requestors Name)	
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(,	Address)	
	Address)	
,	,	
('	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	o:Pelle Nation	
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
····		
Special Instructions to F	filing Officer:	

Office Use Only

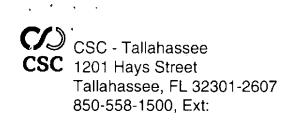


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2024 APR -1 AH 9: 56



APR 0 2 2024 K. Brumbley



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/01/24 Order #: 1466137-1

Re: Hyde Park Wf Harmony 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:

12000000195

Certificate of Good Standing from State of Incorporation anding...

AUTH

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:	yde Park WF Harmony LLC	
SOBJECT: _	Name o	f Limited Liability Company
		mpany for Authorization to Transact Business in Florida." Certificate of erenced foreign limited liability company to transact business in Florida.
Please return al	l correspondence concerning this matter to t	he following:
	James O'Connell	
		Name of Person
	Hyde Park WF Harmony LLC	
		Firm/Company
	152 West 57th Street, 60th Floor	
		Address
	New York, NY 10019	
	City	/State and Zip Code
	Gabriella.Camilleri@greyco.com	
	E-mail address: (to be u	sed for future annual report notification)
For further info	rmation concerning this matter, please call:	
Andre	ea Saullo	212 649-9700 at (
	Name of Contact Person	Area Code Daytime Telephone Number
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAi 5.00 Filing Fee Scrifficate of S	\$\Box \Box \Box \Box \Box \Box \Box \Box

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:

Delaware			
Delaware		3 99-2176904	
(Jurisdiction under the law of which foreign limited liability company is organ		(FEI number, if ap	plicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
152 West 57th Street, 6		152 West 57th Street, 60th Flo	ıor
Street Address of Principal Office)		6(Mailing Address)	
New York, NY 10019		New York, NY 10019	
	.		
Name and street address a	of Florida registered agent: (P.O. Box	NOT apportable)	024,
Name and street address of	or Florida registered agent. (F.O. Box	NOT acceptable)	in i
C	Corporation Service Company		
Name:	,		AH :
	1201 Hays Street		بي
Office Address:		<u></u>	ي ي
	Tollohoaaaa	32301	
T	Fallahassee	, Florida	

(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: Title or Capacity: Name and Address: Name and Address: James O'Connell Curtis Pollock □Manager □Manager 152 West 57th Street Address: 152 West 57th Street □Member □ Member 60th Floor 60th Floor □ Authorized ☐ Authorized New York, NY 10019 New York, NY 10019 Person Person ■Other_____Vice President President □Other **■**Other □Other____ Name: _____ □ Manager □Manager Address: ____ □Member □Member Address: 60th Floor □ Authorized □Authorized New York, NY 10019 Person Person VP & Secretary □Other □Other____ □Other_ □Manager □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. Nonindexed 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

James O'Connell, President
Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HYDE PARK WF HARMONY 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 MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYDE PARK WF HARMONY LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2024.

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

Authentication: 203131451

Date: 03-28-24

3343187 8300 SR# 20241200447