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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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APR 0 8 2024 K. Brumbley





To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/04/24 Order #: 1470652-1

Re: L&L WYNWOOD PLAZA MANAGER 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:

120000000195

Certificate of Good Standing from State of Incorporation

AUTH

Please take the following action as 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				
SHRIE		OOD PLAZA MANAGER LLC			
SUBJECT: Name of Limited Liability Company					
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.			
Please re	eturn all correspondence concerning this matt	er to the following:			
	Lynn Feng				
	 	Name of Person			
	L&L Holding Company, LLC				
		Firm/Company			
	142 W. 57th Street				
	•	Address			
		City/State and Zip Code			
	lynn.feng@ll-holding.com				
	E-mail address: (t	o be used for future annual report notification)			
For furth	ner information concerning this matter, please	e call:			
	Lynn Feng	212 920-3382 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallanassee, FL 32314	Tallahassee, FL 32303			
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D □ \$125.00 Filing Fee □ \$130.00 Filing Certifica	DEPARTMENT OF STATE			

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:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must i	nelude "Limited Liability Compan	iy," "L.i.,C," or "L.t.
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	99-2296366 3	(FEI number, if applicable	7
upon registration	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penalty hability)		
c/o L&L Holding Con	npany, LLC	same 6(Mailing Add	ress)	<u>.</u>
142 W. 57th Street				
New York, NY 10019 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2024 AFR -
Name:	Corporation Service Company			Ω -::
Office Address:	Tallahassee	 Florid	32301	l: 07

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: (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: Title or Capacity: Name and Address: L&L Management Holdings LLC Name: □Manager Name: ____ □Manager Address: ____ ■ Member □Member Address: New York, NY 10019 □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other □Other Name: _____ □Manager □Manager Name: □Member □Member Address: 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. 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. /s/ Keith M. Wixson Signature of an authorized person

Typed or printed name of signee

CSC QUAL-31376

Keith M. Wixson

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "L&L WYNWOOD PLAZA MANAGER 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 FOURTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "L&L WYNWOOD PLAZA MANAGER LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2024.

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

Authentication: 203183934

Date: 04-04-24