M24000010781

(Requestor's Name)						
(Nequestor's Name)						
(AC	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #	()				
PICK-UP	☐ WAIT	MAIL				
/Bi	usiness Entity Name	2)				
(50	ionicos cinicy marine	-,				
(Do	ocument Number)					
Certified Copies	_ Certificates o	of Status				
Special Instructions to	Filing Officer:					
Opecial matractions to	Taking Offices.					





500432576535

2024 AUG 21 AM 10: 08

ARPHONED ARO FILCO

PRINTED PH 3: 44
PALLAHASSILL FÜGE

AUG 21 2024

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 572771 4307875

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : August 1, 2024

ORDER TIME : 11:24 AM

ORDER NO. : 572771-060

CUSTOMER NO: 4307875

FOREIGN FILINGS

NAME: FIVF PROPERTY BX GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

COVER LETTER

TO:		tion Section of Corporations		
CHRI	FIVE	Property BX GP, LLC		
2019	LC1	Name	of Limited Liability (Company
				ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida
Please	return all co	orrespondence concerning this matter to	the following:	
		Adir Levitas		
	•		Name of Person	
		Faropoint Ventures, LLC		
	•	_	Firm/Company	
•		111 River Street, Suite 1010		
	•	 -	Address	
		Hoboken, NJ 07030		
	-	Ci	ity/State and Zip Code	
	a	dir@faropoint.com		
	_	E-mail address: (to be	used for future annual	report notification)
For fu	rther inform	ation concerning this matter, please call	1:	
	Adir Lev	itas	470 at (220-3113 _) Daytime Telephone Number
		Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:		
Registration Section		Registration Se		
Division of Corporations Division of Corporations		•		
P.O. Box 6327		The Centre of		
	Tallahassee, FL 32314			roe Street. Suite 810
			Tallahassee, F	L 32303
	Please ma	is a check for the following amount: ike check payable to: FLORIDA DEP. 0 Filing Fee S130.00 Filing Fee Certificate of	& □ \$155.00 Fil	

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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida, The alti	ernate name must include "Limited Liability	Company," "L.L.C," o	r "LLC.")
Delaware		2			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if a	applicable)	_
·	N. A. C.			_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty lia	bility)		
111 River Street, Su	ite 1010		11 River Street, Suite 1010		
Street Address of Principal Office)		6	(Mailing Address)		_
Hoboken, New Jerse	ey 07030	Н	loboken, New Jersey 07030		
				2024	
. Name and street address Name:	SS of Florida registered agent: (P.O. Box Corporation Service Company	NOT acc	ceptable)	2024 AUG 21	
		NOT acc	ceptable} 	2	
Name:	Corporation Service Company	NOT acc	 32301	2024 AUS 2 1 AM 10: UB	
Name:	Corporation Service Company 1201 Hays Street	NOT acc		2	

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
□Member	Address: 111 River Street, Suite 1010	□Member	Address:	
■ Authorized	Hoboken, New Jersey 07030	□Authorized		
Person		Person		
Other	Other	□Other		□Other
-□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	<u>_</u>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		□Other		□Other
9. Attached is a cert jurisdiction under th of the translator mus10. This document in	ise an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate st be submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a this processing the constitutes as the cons	orida Department of Standuly authenticated by the is in a foreign language (1) (b), Florida Statute	te Annual Rep e official havi e, a translation s. I am aware t	ort form. ng custody of records in the of the certificate under or that any false information

Typed or printed name of signee

CSC 572771

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIVF PROPERTY BX GP, 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 FIRST DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIVF PROPERTY BX GP, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2024.

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

Authentication: 204067829

Date: 08-01-24