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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to Fil	ling Officer:





100435279501







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/30/2024			
Name:	Patrice Rush	_		
	2477080	_		
	NOHO 2	ZEPHYR LLC		
✓ Article	es of Incorporation/Authorization	to Transact Business		
☐ Amer	ndment			
☐ Chan	ge of Agent			
Reins	statement			
☐ Conv	Conversion			
☐ Merg	er			
☐ Disso	olution/Withdrawal			
☐ Fictiti	ous Name			
✓ Other	CERTIFICATE OF S	STATUS AND CERTIFIED COPY		
Authorized A	Amount: \$160.00	****		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 1200000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(	08/30/2024	
Name:	Patrice Rush	<u></u>
	2477080	
Entity Name:	NOHO	ZEPHYR LLC
✓ Articles	s of Incorporation/Authorizatio	n to Transact Business
☐ Amend	lment	
☐ Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
Merger	•	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
✓ Other_	· CERTIFICATE OF	STATUS AND CERTIFIED COPY
Authorized Ar	mount: \$160.00	
Signature:	(PrestOll	

P: 800.221.0102

F: 800.944.6607

## **COVER LETTER**

TO:	gistration Section vision of Corporations
CHIDIC	NoHo Zephyr LLC
SUBJE	Name of Limited Liability Company
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please r	n all correspondence concerning this matter to the following:
	Erica Navarro
	Name of Person
	c/o Greenberg Traurig, LLP
	Firm/Company
	77 W. Wacker Drive, Ste 3100
	Address
	Chicago, IL 60601
	City/State and Zip Code
	navarroe@gtlaw.com  E-mail address: (to be used for future annual report notification)
For furt	nformation concerning this matter, please call:
	Erica Navarroat (312) 978-7395
	Name of Contact Person Area Code Daytime Telephone Number
	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Iahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & }\sum \$

## 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: NoHo Zephyr, 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 "L.L.C.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 30 Cooper Square, Floor 10 30 Cooper Square, Floor 10 (Street Address of Principal Office) (Mailing Address) New York, NY 10003 New York, NY 10003 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida (City) 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.

Sheila Carroll, Assistant Secretary

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: Shawn Weidmann Michael Dean 🖄 Manager Name: \_ Name: Address: 30 Cooper Square, Floor 10 Address: \_\_\_ 30 Cooper Square, Floor 10 Member Member | New York, NY 10003 New York, NY 10003 Authorized Authorized Person Person Other | Other Other Other Name: \_ Billy Rahul Nand Geoff Miller **X**Manager Name: ✓ Manager Address: 30 Cooper Square, Floor 10 30 Cooper Square, Floor 10 Member Member Address: New York, NY 10003 New York, NY 10003 \_\_Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_ Other\_\_\_ Other\_\_ Jed Cairo Name: Manager Manager **⊠**Manager Address: \_\_\_\_ 30 Cooper Square, Floor 10 Member Member Address: \_\_\_\_\_ New York, NY 10003 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 Shawn Weidmann

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NOHO ZEPHYR, 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-NINTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOHO ZEPHYR, LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204277238

Date: 08-29-24

7062878 8300 SR# 20243557083