Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000325454 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Addr	'ess:		
FW9IT YOUL	'ess:		

# Foreign Limited Liability Company Shell Bay Hotel LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

### COVER LETTER

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т <b>о</b> :	Registration Section Division of Corporations
SUBJE	CT: Shell Bay Hotel LLC
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Ari Pearl
	Name of Person
	c/o Shell Bay Sole Member LLC
	Firm/Company
	501 Diplomat Parkway
	Address
	Hallandale Beach, FL 33009
	City/State and Zip Code
	ari.pearl@ppgdevelopment.com
	E-mail address: (to be used for future annual report notification)
רסו חור	ner information concerning this matter, please call:
	Oren Lieber, Esq. at ( 305 ) 372-0933
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: STREET ADDRESS:
	Division of Corporations Division of Corporations
	Registration Section Registration Section
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
	Enclosed is a check for the following amount:
	Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate Certified Copy of Status & Certified Copy

Merritt Walker 8004323622

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# 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:

1.	Shell Bay Hotel L (Name of Foreign	LC Limited Liability Company; must include "	Limited Liabili	ty Company," "L.L.C.," or "LLC.")		-
(If	name unavailable, onter alternate n	same adopted for the purpose of transacting business	s in Florida. The	altornate name must include "Limited Liability Company,"	LLC," or "LL	_ .c.უ
2.,	Delaware (Turisdiction under the law of w	hich foreign limited liability company is organized)	3	99-2715496 (PEI isumber, if applicable)		_
4.		(Date first transacted business in Plancks, if (See sections 605.0904 & 605.0905, F.S. to	pean to registration determine penalty	n.) Hability)		
5.	c/o Sheli Bay So	le Member LLC	6.	c/o Shell Bay Sole Member Li	_C	-
	501 Diplomat Pa	rkway		501 Diplomat Parkway		_
	Hallandale Beach	h, FL 33009		Hallandale Beach, FL 33009		-
7.	Name and street address	s of Florida registered agent: (P.O.		acceptable)	Züz4 SEP	• .
	Name:	Capitol Corporate Service	es, inc.	<del></del>	24	
	Office Address:	515 East Park Avenue 2n	nd FI		PH 4:	
		Tallahassee (City)	<del></del>	, Florida 32301 (Zip code)	: 40	

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.

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Ari Pearl	Manager Manager	Name: Alex Witkoff
Member	Address: 501 Diplomat Parkway	☐ Member	Address: 233 Broadway, Suite 2305
XAuthorized	Hallandale Beach, FL 33009	Authorized	New York, NY 10279
Person		Person	
Other	Other	Other	Other
Manager	Name: Shell Bay Sole Member LLC	Manager	Name:
Member	Address: 501 Diplomat Parkway	☐ Member	Address:
Authorized	Hallandale Beach, FL 33009	Authorized	
Person	Attn: Ari Pearl	Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under th of the translator mus 10. This document is	se 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, doe law of which it is organized. (If the certificate it be submitted)  see executed in accordance with section 605.0203 ment to the Department of State constitutes a thir	rida Department of State uly authenticated by the is in a foreign language, (1) (b), Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath  I am aware that any false information

Ari Pearl

Typod or printed name of signee

# Delaware The First State

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Page 1

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

DELAWARE, DO HERBY CERTIFY "SHELL BAY HOTEL 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-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHELL BAY HOTEL LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2024.

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

3394162 8300 SR# 20243773682

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204471814

Date: 09-24-24