

11/21/24, 9:38 AM

Division of Corporations

Florida Department of State  
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To:

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

Email Address: flo@rockwoodcap.com

**Foreign Limited Liability Company  
4100 EAST BAY DRIVE OWNER,LLC**

Certificate of Status	0
Certified Copy	1
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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. 4100 East Bay Drive Owner, 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 "LLC."

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. November 20, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 140 E 45th St, 34th Floor  
(Street Address of Principal Office)

6. 50 California Street, Suite 3000  
(Mailing Address)

New York, NY 10017

San Francisco, CA 94111

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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## 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: Sandra Zwijack C T Corporation System  
(Registered agent's signature) Sandra Zwijack, Assistant Secretary

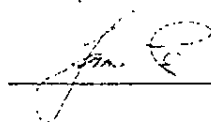
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Andrew Blanchard</u>	<input type="checkbox"/> Manager	Name: <u>Pamela Harper</u>
<input type="checkbox"/> Member	Address: <u>50 California Street, Suite 3000</u>	<input type="checkbox"/> Member	Address: <u>111 Congress Avenue, Ste 400</u>
<input checked="" type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Tyson Skillings</u>	 <input type="checkbox"/> Manager	Name: <u>Spencer Burton</u>
<input type="checkbox"/> Member	Address: <u>1999 Ave of the Stars, Ste 3425</u>	<input type="checkbox"/> Member	Address: <u>111 Congress Avenue, Ste 400</u>
<input checked="" type="checkbox"/> Authorized	<u>Los Angeles, CA 90067</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>David A. Streicher</u>	 <input type="checkbox"/> Manager	Name: <u>Glenn Lowenstein</u>
<input type="checkbox"/> Member	Address: <u>140 E 45th St, 34th Floor</u>	<input type="checkbox"/> Member	Address: <u>111 Congress Avenue, Ste 400</u>
<input checked="" type="checkbox"/> Authorized	<u>New York, NY 10017</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78701</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Frances Lo

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4100 EAST BAY DRIVE OWNER, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2024.

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



10012552 8300

SR# 20244263932

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204921461

Date: 11-20-24