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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 784480 7882843

AUTHORIZATION :

COST LIMIT : \$ 125.00

\_\_\_\_\_\_

ORDER DATE: November 22, 2024

ORDER TIME : 2:45 PM

ORDER NO. : 784480-010

CUSTOMER NO: 7882843

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: NSP II INVESTOR GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

#### **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	NSP II INVESTOR GP LLC	
		Name of Limited Liability Company
The enclo	osed "Application by Foreign Limited e, and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concerning thi	s matter to the following:
	BEATRICE BAREMBOYN	
	_ <del></del>	Name of Person
	NAFTALI GROUP LLC	
		Firm/Company
	152 WEST 57TH ST, 45TH	1 FL
		Address
	NEW YORK, NY 10019	
	<del> </del>	City/State and Zip Code
	BBAREMBOYM@NAFTALI	GROUP.COM
	E-mail addre	ess: (to be used for future annual report notification)
For furth	er information concerning this matter,	please call:
	BEATRICE BAREMBOYM	212 759-9777
	Name of Contact Pers	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
	<del>-</del>	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of trunsacting business in Flo	onda. The alter	mate name must include "Limited Liability (	Company," "L.L	C," or "LLC	")
DELAWARE		9 3.	2-2000924			
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI number, if ap	oplicable)		
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	ne penalty liab	ility)			
3050 Biscayne Blvd,		15	52 WEST 57TH ST, 45 FL			
reet Address of Principal Office)		0	(Mailing Address)			
Miami, FL 33137		NI	EW YORK, NY 10019			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	entable)			
Name and street addres	es of Florida registered agent: (P.O. Box  Corporation Service Company	<u>NOT</u> acc	eptable)	SECWET FALLAH	YON PZUZ	,
-		NOT acc	eptable)	SECWE FARY OF	2024 NOV 22 P	
Name:	Corporation Service Company	NOT acc	  32301	SECWETARY OF STA	PH 3:	
Name:	Corporation Service Company 1201 Hays Street	NOT acc	<u></u>	SEGNETARY OF STATE	2024 NOV 22 PH 3: 27	

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: Title or Capacity: Name and Address: Name and Address: Name: YOSI MANOR Name: \_\_\_\_ □ Manager □Manager 3050 Biscayne Blvd, 502 3050 Biscayne Blvd, 502 □ Member □Member Miami, FL 33137 Miami, FL 33137 Authorized ■ Authorized Person Person Other\_ □Other\_\_\_\_ Other\_ □Other\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Name: □Member Address: \_\_\_\_\_ □Member Address: ☐ Authorized □ Authorized Person Person □Other Other\_\_\_\_\_ □Other\_ □Other: □ Manager □ Manager □Member Address: □Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person □ 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

Typed or printed name of signee

YOSI MANOR

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NSP II INVESTOR 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NSP II INVESTOR GP LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2023.

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

2024 NOV 22 PM 3: 27

Authentication: 204949484

Date: 11-22-24

7254180 8300 SR# 20244294539