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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/16/2024		⇔WALK IN••
ENTITY NAME OPIS	IV LEASE HOLDINGS, LLC	<u></u>
DOCUMENT NUMBER	R	
	**PLEASE FILE THE AT	TACHED AND RETURN**
XXXXXXXXX 	Plain Copy Certified Copy Certificate of Status	Plase file dissolution 1°T - Judification 2nd
	**PLEASE OBTAIN THE FOLLOW Certified Copy of Arts & A Certificate of Good Standing	VING FOR THE ABOVE ENTITY** nendments
	**APOSTILLE' / NOTA	RIAL CERTIFICATION**
COUNTRY OF DESTIN NUMBER OF CERTIFI		
TOTAL OWED \$125	.00	ACCOUNT #: 120160000072
Please call Tina at	the above number for any	issues or concerns. Thank you so much!

#### OPIS IV LEASE HOLDINGS, LLC

#### 885 THIRD AVENUE 29TH FLOOR NEW YORK, NY 10022

OPIS IV LEASE HOLDINGS, LLC, an inactive Florida limited liability company with Doc ID L24000515611 (the "*Company*"), filed articles of dissolution with the Florida Department of State of December 16, 2024. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to OPIS IV LEASE HOLDINGS, LLC, a Delaware limited liability company, using the name "OPIS IV LEASE HOLDINGS, LLC" when registering with the Florida Department of State.

Signature: /S/ LEOPOLD FRIEDMAN

Name: LEOPOLD FRIEDMAN

Title: Authorized Person

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APPROYEU ARO FILED

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OPIS IV LEASE HOLI (Name of Foreign	Limited Liability Company; must include "Limited I	Liability Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Links	hty Company," "L.L.C," or "L1 C,")
Delaware		2	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number.	if applicable)
4			<u></u>
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	gistration ) penalty fiability)	
885 THIRD AVENUE	:	885 THIRD AVENUE	
5. (Street Address of Principal Office)		6(Mailing Address)	<del>-</del>
29TH FLOOR		29TH FLOOR	
NEW YORK, NY 100	22	NEW YORK, NY 10022	21
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	24 DEC 1
Name:	PLATINUM AGENT SERVICES LLC		6 AM
Office Address:	155 OFFICE PLAZA DR	,,	AM11:42
	TALLAHASSEE	32301 , Florida	_
	(City)	(Zip code)	
designated in this applica to comply with the provis-	otance: egistered agent and to accept service of pr ation, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in	this capacity. I further agree
	/S/ Steven Friedman		
	(Registered agent's si	gnature)	

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: Name and Address: Title or Capacity: Name: LEOPOLD FRIEDMAN □Manager Name: \_\_\_\_\_ □Manager 1000 GATES AVE □Member Address: □Member BROOKLYN, NY 11221 □ Authorized Authorized Person Person Other \_\_\_\_ □Other\_\_\_\_ □Other □Other □ Manager Name: \_\_\_\_\_\_ □Manager Name: \_\_\_\_ Address: Address: \_\_\_\_\_\_ ☐ Member □ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ Other\_ □Other Name: □Manager Name: □Manager □Member Address: \_\_\_\_\_ Address: □ Member □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 605.0.203 (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. /S/ LEOPOLD FRIEDMAN Signature of an authorized person

Typeo or printed name of signee

LEOPOLD FRIEDMAN

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OPIS IV LEASE HOLDINGS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPIS IV LEASE HOLDINGS, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2023.

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



Authentication: 205144081

Date: 12-16-24

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