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**Foreign Limited Liability Company**  
**S3 RE Origin Bay Harbor Funding LLC**

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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. <u>S3 RE Origin Bay Harbor Funding LLC</u><br>(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. <u>DE</u><br>(Jurisdiction under the law of which foreign limited liability company is organized)                                                                                     | 3. _____<br>(FEI number, if applicable)                    |
| 4. _____<br>(Date first transacted business in Florida, if prior to registration)<br>(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)                             |                                                            |
| 5. <u>535 Madison Ave, 19th Floor</u><br>(Street Address of Principal Office)                                                                                                            | 6. <u>535 Madison Ave, 19th Floor</u><br>(Mailing Address) |
| <u>New York NY, 10022</u>                                                                                                                                                                | <u>New York NY, 10022</u>                                  |

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

|                 |                                         |
|-----------------|-----------------------------------------|
| Name:           | <u>Corporate Creations Network Inc.</u> |
| Office Address: | <u>801 US Highway 1</u>                 |
|                 | <u>North Palm Beach</u>                 |
|                 | <u>Florida</u>                          |
|                 | <u>33408</u>                            |
|                 | (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.

Joanna Fernandez Joanna Fernandez, Special Secretary  
 (Registered agent's signature)

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:**

☒ Manager Name: S3 RE Origin Bay Harbor Holdings LLC  
☐ Member Address: 535 Madison Ave, 19th Floor  
☐ Authorized New York NY, 10022  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:****Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ 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.

*Joanna Fernandez*  
 Signature of an authorized person

Joanna Fernandez, Special Manager

Typed or printed name of signee

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S3 RE ORIGIN BAY HARBOR FUNDING 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 APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S3 RE ORIGIN BAY HARBOR FUNDING LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2025.

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



10151859 8300

SR# 20251751289

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203519327

Date: 04-24-25