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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Émail Address:

Foreign Limited Liability Company 318 9th Street LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

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

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

Delaware		1		
	hich foreign limited liability company is organized)	. .	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	e penalty	s) Linduitity)	
1105 N Dixie Hw	у	б.	1105 N Dixie Hwy (Mailing Address)	
•• ,			,	
est Palm Beach	, FL 33401		West Palm Beach, FL 33401	
				, -
	······································	,		<u></u> [
ame and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	icceptable)	⊋:
				 رب
Name:	Corporate Creations Network	Inc.		$\overline{\omega}$
Office Address:	801 US Highway 1			

llaving 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.

	(Registered agent's signature)
/s/ Caitlin Lazarus	Caitlin Lazarus, Special Secretary

8.	For initial indexing purposes,	, list names, title or capac	ity and addresses of t	the primary men	mbers/managers or pe	rsons authorized to
ma	nage [up to six (6) total]:					

Title or Capacity:	Name and Address:	Title or Cupacity:		Name and Address:
X Manager	Name: Nora Holdings II LLC	□Manager	Name:	
□Member	Address: 1105 N Dixie Hwy	□Member	Address:	
□Authorized	West Palm Beach, FL 33401	□Authorized		
Person		Person		
□Other	Other	Other	 -	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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.

/s/ Caitlin Lazarus
Signature of an authorized person
Caitlin Lazarus, Attorney-in-Fact
Typed or printed name of signee



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "318 9TH STREET 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 SECOND DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "318 9TH STREET LLC" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2025.

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

Cheruni Patibenda-Senchez, Secretary of State
Authentication: 204098021

C. B. Sanchez

Date: 07-02-25

10216379 8300 SR# 20253253597