1/12/2021

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address: _____ Foreign Limited Liability Company

SEABOURN COVE HOLDINGS LLC

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COVER LETTER

| | Seabourn Cove Holdings LLC | | | |
|----------------------------|---|---|--------------|--|
| JBJECT: | Name of Limited Liability Company | | | |
| | | | | |
| ie enclosed istence, an | l "Application by Foreign Limited Liability Co id check are submitted to register the above re | ompany for Authorization to Transact Business in Florida. ferenced foreign limited liability company to transact bus | iness in Flo | |
| | all correspondence concerning this matter to | | | |
| | Deborah A. Abernathy | | | |
| | | Name of Person | _ | |
| | Orrick, Herrington & Sutcliffe LLP | | | |
| | Firm/Company | | | |
| | 400 Capitol Mall Suite 3000 | | | |
| | | Address | - | |
| | Sacramento, CA 95814 | | | |
| | Cit | y/State and Zip Code | - | |
| | | | 1 | |
| | E-mail address: (to be | used for future annual report notification) | - <u>:</u> | |
| or further ir | nformation concerning this matter, please call | | | |
| Deborah A. Abernathy | | 916 329-7954 | <u>:</u> | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | . 2. 2 | |
| Mailing Address: | | Street Address: | .: > | |
| Registration Section | | Registration Section | . ~ | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | | | | |
| End | closed is a check for the following amount. | ADTMENT OF STATE | | |
| | ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of | & 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee | | |

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: Seabourn Cove Holdings 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 Plorida. The alternate name must include "Limited Liability Company," "L. L. C," or "LLC,") (EEE number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904-& 605,0905, F.S. to determine penalty liability). c/o The Dermot Company, LP 729 Seventh Avenue, 15th Floor (Street Address of Francipal Office) 729 Seventh Avenue, 15th Floor New York, NY 10019 New York, NY 10019 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Havs Street Office Address. Tallahassee 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.

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: | Title or Capacity: | Name and Address: | |
|--------------------|--------------------|--|---------------------------|--|
| □Manager | Name: | □Manager | Name: Stephen N. Benjamin | |
| ■ Member | Address: | □Member | Address: | |
| □Authorized | 15th Floor | □Authorized | New York, NY 10019 | |
| Person | New York, NY 10019 | Person | | |
| Other | Other | Managing Member of ■Other Member □Other □ | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| Other | | | | |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □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 Stephen N. Benjamin

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEABOURN COVE 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 ELEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEABOURN COVE HOLDINGS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 202263741

Date: 01-11-21