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Division of Corporations

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Account Number : 120060000021
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FALL MASSEY, FL
61750

**Foreign Limited Liability Company
SURFSIDE FL ACQUISITION LLC**

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Certified Copy	1
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Corporate Filing Menu

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S. ROBERTS

MAY 12 2022

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SURFSIDE FL ACQUISITION 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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC"

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 87-4749367 (FEI number, if applicable)

4. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 767 FIFTH AVENUE (Street Address of Principal Office)
6. 30 COLUMBIA TURNPIKE (Mailing Address)

50TH FLOOR
3RD FLOOR
NEW YORK, NEW YORK 10153
FLORHAM PARK, NEW JERSEY 07932

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

Name: MICHAEL SZAFRANSKI
Office Address: 9517 BYRON AVNEUE
SURFSIDE, Florida 33154
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

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CONSUL HAMBURG, FL
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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: SERYL KUSHNER

Member Address: 767 FIFTH AVENUE

Authorized 50TH FLOOR

Person NEW YORK, NEW YORK 10153

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: SERYL KUSHNER

Member Address: 767 FIFTH AVENUE

Authorized 50TH FLOOR

Person NEW YORK, NEW YORK 10153

Other _____ Other _____

Manager Name: MICHAEL SZAFRANSKI

Member Address: 1111 KANE CONCOURSE

Authorized BAY HARBOR ISLANDS, FLORIDA

Person 33154

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

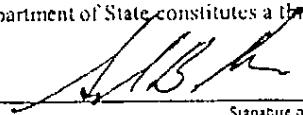
Person _____

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.



Signature of an authorized person

SERYL KUSHNER

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURFSIDE FL ACQUISITION 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 APRIL, A.D. 2022.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6537525 8300

SR# 20221577712

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203243679

Date: 04-22-22

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